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ABSTRACT

Population growth trends and family planning activities in Africa, America, Asia, Europe, and Oceania are summarized in this booklet developed by the International Planned Parenthood Federation. Narrative information for each continent gives a resume of population growth trends, reasons for the trends, population problems, policy formation, family planning attitudes, and government interest in matters of population and family planning. Following this, highlights of the family planning situation and basic demographic statistics are provided in table form for each country name, 1971 population estimate, birth and death rate per 1,000 for the most recent census or survey year, population growth rate percent for 1963-71, and a paragraph on the family planning situation in that country. (RH)

Family in Five

Family Planning in Five Continents

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October 1973

Family Planning in Five Continents

	Population (1971)	% of World Population	Population Growth Rate (1965–71)
WORLD	3,706,000,000	100.0	2.0%
Africa	354,000,000	9.5	2.6%
North America	230,000,000	6.2	1.2%
Latin America	291,000,000	7.8	2.9%
Asia	2,104,000,000	56.8	2.3%
USSR	245,000,000	6.6	1.0%
Europe	466,000,000	12.6	0.8%
Oceania	19,800,000	0.5	2.0%

World population is growing at an average rate of 2 per cent a year. However, there are striking regional differences in the population growth trends. The fastest growing region in the world is Latin America, which includes South and Central America and the Caribbean, with an annual rate of 2.9 per cent. Africa and Asia closely follow Latin America at rates of 2.6 per cent and 2.3 per cent respectively. However, the largest absolute addition to the world population comes from Asia which at present contains about three-fifths of the people of the world. Of 74 million people the world adds to its population every year, 41 million live in Asia. Europe and North America are the slowest growing regions with constant growth rates of about 1 per cent during the last two decades.

Awareness of the problems created by the rapid growth of population has led to the formation of family planning programmes in many parts of the world, especially in Asia. But the family planning movement was started long before population growth was recognized as a problem. The first organized family planning activities in the world were started in Europe and North America towards the end of the nineteenth and at the beginning of the twentieth centuries. In almost all countries, the first step in organized family planning activities is the formation of a voluntary association and government interest and adoption of policies have usually come later. There are many countries where family planning has been introduced into health services, not necessarily because of a concern about overpopulation but as a basic health measure.

In the following tables, the highlights of the family planning situation and basic demographic statistics are given for each country. Unless otherwise stated, all statistics are taken from the latest UN sources, including the 1971 Demographic Yearbook and the UN Monthly Bulletin of Statistics. As a number of countries conducted their population censuses in 1970 and 1971, census results rather than population estimates have been given for these countries. Where reliable statistics are available, local figures have been quoted in order to give more up-to-date information. Nevertheless, for many countries population statistics remain unreliable.

Countries where a governmental family planning programme and an official body to carry it out have been set up, with or without the announcement of an anti-natalist population policy, are indicated with 'GOVERNMENT PROGRAMME'. These do not include governments which provide family planning as part of basic health services. Assistance by government agencies mentioned in the text refers to bilateral aid only. An increasing number of countries make contributions to multilateral programmes. By the end of June 1973 governments contributing to the support of IPPF numbered fourteen. The number of nations which have supported UNFPA totalled 63 by the end of May 1973.

For more information on family planning facilities throughout the world, please contact the International Planned Parenthood Federation, Information Department.

KEY TO ABBREVIATIONS

CARE	Co-operative for American Relief Everywhere Inc.	MCH	Maternal and C
CELADE	Centro Latinoamericano de Demografia	NORAD	Norwegian Age
CIDA	Canadian International Development Agency	PAHO	Pan American
CWS	Church World Service	RC	Roman Catholi
DANIDA	Danish International Development Agency	SIDA	Swedish Intern
FAO	Food and Agriculture Organization	SIECUS	Sex Informatio
fp	family planning	UKODA	United Kingdo
FPIA	Family Planning International Assistance (USA)	UNESOB	United Nation
FPA	Family Planning Association (or equivalent body)	UNFPA	United Nation
HEW	Department of Health, Education & Welfare (USA)	UNICEF	United Nation
IBRD	International Bank for Reconstruction and Development (World Bank)	USAID	United States
IDA	International Development Association	USC	Unitarian Serv
IDRC	International Development Research Centre (Canada)	UUSC	Unitarian Univ
ILO	International Labour Organization	WAY	World Assemb
IUD	Intra-Uterine Device	WCC	World Council
KAP	Knowledge, Attitude and Practice	WHO	World Health

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KEY TO ABBREVIATIONS

f Everywhere Inc.	
ografia	
ment Agency	
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ion	
ssistance (USA)	
equivalent body)	
n & Welfare (USA)	
uction and Development (World Bank)	
ciation	
earch Centre (Canada)	
on	
ce	

MCH	Maternal and Child Health
NORAD	Norwegian Agency for International Development
PAHO	Pan American Health Organization (WHO)
RC	Roman Catholic
SIDA	Swedish International Development Authority
SIECUS	Sex Information and Education Council of the USA
UKODA	United Kingdom Overseas Development Administration
UNESOB	United Nations Economic and Social Office in Beirut
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
USC	Unitarian Service Committee (Canada)
UUSC	Unitarian Universalist Service Committee
WAY	World Assembly of Youth
WCC	World Council of Churches
WHO	World Health Organization

AFRICA

Country	*Population (1971 estimate)*	*Rates (per 1,000) Births (1965–70)*	*Deaths*	*Population Growth Rate (%) (1963–71)*	*Family*
Algeria	14,769,000	49.1	16.9	3.5	Government has no national hospitals of Algiers (since 19 assistance. No FPA. IPPF ha literature. Population Counc have provided advisers on de Pathfinder Fund and SIDA UNDP has made available se
Angola	5,673,000[1] (1970)	50.1	30.2	1.3 (1963–69)	No organized fp activities.
Botswana	668,000	44.2	22.6	2.8	GOVERNMENT PROGRA spacing within MCH service 1971. No FPA. IPPF provid became an IPPF member in some clinics. IPPF's doctor grant 1971 for construction project: Project for Better F assistance for two new fp/M
Burundi	3,615,000	48.1	25.2	2.0	IPPF doctor in Bujumbura fp work since July 1970. Se fp services. Clinic at Gitega Pathfinder Fund assist and with 1972 census.
Cameroon	5,836,000 (1970)	43.1	22.8	2.2	No organized fp. Governme 15 million. Some private do Pathfinder Fund, CWS, FPI provided limited assistance doctors and nurses.
Cape Verde Islands	264,000	36.5 (1970)	11.2	2.6	No organized fp activities.
Central African Republic	1,637,000	46.1	25.1	2.2	No organized fp activities, circles. A Population Offic Health although Governme Some individual doctors gi MCH/fp pilot project.

[1] Provisional census result

Rates (per 1,000) Births (1965–70)	Deaths	*Population Growth Rate (%)* (1963–71)	*Family Planning Situation*
49.1	16.9	3.5	Government has no national programme but runs pilot fp clinics in hospitals of Algiers (since 1967), Constantine and Oran with WHO assistance. No FPA. IPPF has provided training, contraceptives and literature. Population Council, UNFPA, WHO and Ford Foundation have provided advisers on demographic and other aspects. Pathfinder Fund and SIDA supplied contraceptives and literature. UNDP has made available services of a census technician.
50.1	30.2	1.3 (1963–69)	No organized fp activities.
44.2	22.6	2.8	GOVERNMENT PROGRAMME since 1971, committed to child spacing within MCH services. 25 clinics offering services at end 1971. No FPA. IPPF provides grant direct to Government, which became an IPPF member in 1971, to support work of a doctor and some clinics. IPPF's doctor is fp adviser to Government. DANIDA grant 1971 for construction of training centre. FAO involved in fp project: Project for Better Family Living. UNFPA also provides assistance for two new fp/MCH clinics.
48.1	25.2	2.0	IPPF doctor in Bujumbura at Government request doing MCH and fp work since July 1970. Some mission hospitals offering limited fp services. Clinic at Gitega manned by WHO doctor. USAID and Pathfinder Fund assist and UNFPA has provided advisory help with 1972 census.
43.1	22.8	2.2	No organized fp. Government wants to expand population to 15 million. Some private doctors provide advice. IPPF, USAID, Pathfinder Fund, CWS, FPIA and Population Council have provided limited assistance, training and supplies for individual doctors and nurses.
36.5 (1970)	11.2	2.6	No organized fp activities.
46.1	25.1	2.2	No organized fp activities, but some interest in Government circles. A Population Office has been formed within Ministry Health although Government is in favour of increasing population. Some individual doctors give fp advice. USAID considering MCH/fp pilot project.

census result

Country	Population (1971 estimate)	Rates (per 1,000) Births (1965–70)	Deaths (1965–70)	Population Growth Rate (%) (1963–71)	Family Pla
Chad	3,800,000	47.7	25.0	2.3	No organized fp activities. Som Population Council supporting Tchadien. French Government
Comoro Islands	271,000 (1970)	20.6	6.9 (1964)	3.9 (1963–70)	No organized fp activities, but progress towards independence
Congo, People's Republic of	958,000	44.4	22.8	2.2	No organized fp activities, but circles.
Dahomey	2,760,000	50.9	25.5	2.5	Government not committed bu in 1972. Pathfinder Fund and government MCH clinic which January 1971. Population Cou Pathfinder Fund also supporte and FPIA have provided suppli with seminars. USAID has init
Egypt, Arab Republic of	34,130,000	34.9	15.0 (1970)	2.5	GOVERNMENT PROGRAMM birth rate to 30/1,000 by 197 1963. Fp available in 3,031 G most popular, followed by IU assistance.
Equatorial Guinea	289,000	35.0	22.1	1.4	No organized fp activities.
Ethiopia	25,248,000	45.6	25.0	1.8	Government does not object t is not allowed. FPA founded a in 1966, IPPF member 1971. grant to FPA. SIDA, USAID, CWS and World Neighbors hav has financed KAP study at Un
French Territory of Afars and Issas	97,000	27.6	10.9 (1955)	2.0	No organized fp activities.

Africa

Population	1960	278,900,000
Population	1971	354,000,000
Population Growth Rate	1965–71	2.6%
Birth Rate	1965–71	47 per 1,000
Death Rate	1965–71	21 per 1,000

In almost every African country, population continues to increase at an accelerating rate. For most parts of Africa population statistics are unreliable and in some cases not available. 18 countries have never had a population census. There is a growing interest to obtain the statistics and about 21 governments are now having population censuses. As the results of these censuses become available, it is apparent that in almost all countries the previous estimates had been too low.

In recent years governments have become increasingly concerned with the problems arising not only from over-population, although this is not yet an immediate worry in Africa, but also from the effects on individual families – and thus the community – of large numbers of children born in rapid succession. Initially this concern led to badly needed improvements in existing health services and the welcome establishment of new ones. Many governments are reluctant to introduce family limitation policies, since their problems include sterility and underpopulation, and in some the social systems have encouraged large numbers of children as a source of social security and parental pride. These governments prefer to promote firstly maternal and child health and secondly child spacing. However, both governments on a large scale, and individuals on a small scale are beginning to recognise the burdens placed on national and individual economics by excessive numbers of dependents and are seeking to control population growth. This is especially the case in some North African countries where concern for the rising population growth rates has lead to the introduction of Government programmes. In Tunisia and Morocco, contrary to the usual trend, the voluntary associations were established after the national programme to work in conjunction with Government services, concentrating on information and educational activities.

Of the Sub-Sahara African countries 18 have family planning associations, most of them with the approval and support of their governments. Three of the 18 countries – Ghana, Kenya and Mauritius – have operational Government programmes. The Botswana Government has a family planning programme but no family planning association as all clinics are established and run by the Government. In the past the French-speaking countries of Africa have expressed little interest in family planning and in most the French 1920 anti-contraception law is still enforced. However, interest is increasing – indeed the Government of Mali repealed the 1920 law in June 1972.

Two countries – Mauritius and Seychelles – have experienced reduced birth rates largely through family planning practices.

Rates (per 1,000) Births (1965–70)	Deaths	Population Growth Rate (%) (1963–71)	Family Planning Situation
47.7	25.0	2.3	No organized fp activities. Some private doctors provide advice. Population Council supporting KAP study by Institute National Tchadien. French Government is supporting demographic research.
20.6 (1964)	6.9	3.9 (1963–70)	No organized fp activities, but considerable interest as islands progress towards independence.
44.4	22.8	2.2	No organized fp activities, but some interest in Government circles.
50.9	25.5	2.5	Government not committed but recognises FPA which was founded in 1972. Pathfinder Fund and Christian Aid financed fp addition to government MCH clinic which began operating in Cotonou in January 1971. Population Council reported on population matters; Pathfinder Fund also supported private fp clinic. USAID, Oxfam and FPIA have provided supplies, and Quaker Movement assisted with seminars. USAID has initiated MCH/child-spacing project.
34.9 (1970)	15.0	2.5	GOVERNMENT PROGRAMME since 1965. Target is to reduce birth rate to 30/1,000 by 1978. FPA founded 1958, IPPF member 1963. Fp available in 3,031 Government and 523 FPA clinics. Pill most popular, followed by IUD. IPPF, IDRC and UNFPA provide assistance.
35.0	22.1	1.4	No organized fp activities.
45.6	25.0	1.8	Government does not object to fp as part of MCH, but publicity is not allowed. FPA founded as part of Haile Selassie I Foundation in 1966, IPPF member 1971. 17 clinics run by FPA. IPPF annual grant to FPA. SIDA, USAID, Pathfinder Fund, Population Council, CWS and World Neighbors have also assisted. Population Council has financed KAP study at University in Addis Ababa.
27.6 (1955)	10.9	2.0	No organized fp activities.

AFRICA

Country	*Population (1971 estimate)*	*Rates (per 1,000) Births (1965–70)*	*Deaths*	*Population Growth Rate (%) (1963–71)*	*Family*
Gabon	500,000 (1970)	32.5	25.0	1.3 (1963–70)	No organized fp activities.
The Gambia	380,000[1] (1973)	42.5	23.1	2.1	Government in favour of fp. 1971. Clinic in Banjul and v Government clinics. Plans t Population Council mission IPPF gives grant to FPA. Pa USAID has initiated MCH a provide personnel and comm
Ghana	8,858,000	46.6	17.8	3.0	GOVERNMENT PROGRA 10% fertile women by 1975 member 1968. Fp services c clinics and some mission ho month at 19 FPA clinics. F national programme and is IPPF, USAID, Population C World Education Inc., CIDA CWS and UNFPA have bee Africa sub-regional office in
Guinea	4,010,000	47.2	25.1	2.2	No organized fp activities.
Ivory Coast	4,420,000	46.0	22.7	2.4	No organized fp activities,
Kenya	11,694,000	47.8	17.5	3.1	GOVERNMENT PROGRA growth rate 1% in 10 years. 1963. IPPF and Governme teams in rural areas. Some FPA runs 6 private clinics. acceptors per month since IPPF also support Family W institution for training Ken IPPF gives annual grant to Neighbors, SIDA, Populatio Ford Foundation, USAID a Regional Office is in Nairo

[1] Provisional census result

Rates (per 1,000) Births (1965–70)	Deaths	*Population Growth Rate (%)* (1963–71)	*Family Planning Situation*
32.5	25.0	1.3 (1963–70)	No organized fp activities.
42.5	23.1	2.1	Government in favour of fp. FPA founded 1969, IPPF member 1971. Clinic in Banjul and visits by FPA staff to outlying Government clinics. Plans to increase number of rural clinics. Population Council mission report being studied by Government. IPPF gives grant to FPA. Pathfinder Fund has provided assistance. USAID has initiated MCH and child-spacing project and will provide personnel and commodities.
46.6	17.8	3.0	GOVERNMENT PROGRAMME since 1969. Target is to reach 10% fertile women by 1975. FPA founded in 1966, IPPF member 1968. Fp services offered in Government centres, FPA clinics and some mission hospitals. 1,149 new acceptors per month at 19 FPA clinics. FPA is responsible for fieldwork in national programme and is developing a sex education programme. IPPF, USAID, Population Council, Ford Foundation, WAY, World Education Inc., CIDA, UKODA, Christian Council, FPIA, CWS and UNFPA have been providing assistance. IPPF West Africa sub-regional office in Accra.
47.2	25.1	2.2	No organized fp activities.
46.0	22.7	2.4	No organized fp activities, but growing interest.
47.8	17.5	3.1	GOVERNMENT PROGRAMME since 1966. Target is to reduce growth rate 1% in 10 years. FPA founded 1961; IPPF member 1963. IPPF and Government co-operate in running 7 mobile teams in rural areas. Some 280 clinics provide fp services. FPA runs 6 private clinics. Overall estimate of 4,000 new acceptors per month since 1971, though high drop-out rate. IPPF also support Family Welfare Centre, a clinic-cum-training institution for training Kenyan and other African fp personnel. IPPF gives annual grant to FPA. Pathfinder Fund, WAY, World Neighbors, SIDA, Population Council, Netherlands Government, Ford Foundation, USAID and NORAD also assist. IPPF Africa Regional Office is in Nairobi.

nsus result

Country	*Population (1971 estimate)*	*Rates (per 1,000) Births (1965–70)*	*Deaths (1965–70)*	*Population Growth Rate (%) (1963–71)*	*Family Pla*
Lesotho	935,000	38.8	21.0	2.2	Government less opposed to fp was closed down by the Goverr Runs 1 clinic at Maseru. IPPF s Neighbors provide support. Pat ment. USAID has initiated MC to help church hospitals.
Liberia	1,571,000	51.0 (1970)	16.0	1.7	Government gives cautious app IPPF member 1967. 5 clinics o Fund and Ford Foundation ass
Libya	2,010,000	45.9	15.8	3.7	Government encourages increa
Malagasy Republic	6,750,000 (1970)	46.0 (1966)	25.0	2.3 (1963–70)	Government climate towards f IPPF member 1971. Operates acceptors a month, mainly wo IPPF provides support. USAID to Government.
Malawi	4,549,000	49.0	25.0	2.7 (1963–69)	Government encourages popul available in some hospitals and Neighbors provide limited assi
Mali	5,143,000	49.8	26.6	2.1	Government has expanded Mi Health and Population. FPA f IDRC, Canada. Runs 1 main c acceptors in 1972. 1920 Fren repealed 1972. Pathfinder Fun assistance. Quaker Movement
Mauritania	1,200,000	44.4	22.7	2.2	No organized fp activities, but circles.

tes (per 1,000) ths	*Deaths (1965–70)*	*Population Growth Rate (%) (1963–71)*	*Family Planning Situation*
.8	21.0	2.2	Government less opposed to fp than formerly. FPA founded 1968, was closed down by the Government, and reopened late 1971. Runs 1 clinic at Maseru. IPPF support to FPA. USAID and World Neighbors provide support. Pathfinder Fund has provided equipment. USAID has initiated MCH/child-spacing project. FPIA keen to help church hospitals.
.0 (1970)	16.0	1.7	Government gives cautious approval to fp. FPA founded 1956, IPPF member 1967. 5 clinics operating. IPPF, USAID, Pathfinder Fund and Ford Foundation assistance.
.9	15.8	3.7	Government encourages increase in population.
.0 (1966)	25.0	2.3 (1963–70)	Government climate towards fp softening. FPA founded 1967, IPPF member 1971. Operates 3 clinics serving about 90 acceptors a month, mainly women with 4 or more children. IPPF provides support. USAID considering bilateral assistance to Government.
.0	25.0	2.7 (1963–69)	Government encourages population growth. Fp advice available in some hospitals and from some doctors. World Neighbors provide limited assistance.
.8	26.6	2.1	Government has expanded Ministry of Health to Ministry of Health and Population. FPA formed 1972 with support from IDRC, Canada. Runs 1 main clinic and 5 part-time. 862 new acceptors in 1972. 1920 French anti-contraceptive law repealed 1972. Pathfinder Fund has provided commodity assistance. Quaker Movement organised sex education seminar.
.4	22.7	2.2	No organized fp activities, but some interest in Government circles.

AFRICA

Country	*Population (1971 estimate)*	*Rates (per 1,000) Births (1965–70)*	*Deaths*	*Population Growth Rate (%) (1963–71)*	*Family*
Mauritius	820,000	22.0[1] (1973)	7.6	1.9[1] (1973)	GOVERNMENT PROGRAM birth rate to 20/1,000 by 19 1959. Action Familiale – RC receives Government grant a 107 clinics previously run by Action Familiale has had sch 1967. Birth rate has declined UNFPA support to Governm evaluation. IPPF, Pathfinder and UKODA have also assist
Morocco	15,234,000[2]	49.5	16.5	3.0 (1970)	GOVERNMENT PROGRAM FPA founded 1971 to conce programme. Fp services offe smaller dispensaries. IPPF, U training, supplies and researc Foundation have given assis
Mozambique	8,233,000[2] (1970)	43.3	22.9	1.4 (1963–69)	No organized fp activities.
Niger	4,126,000	52.2	23.3	2.7	No organized fp activities. P survey 1970–1971. USAID spacing project. Peace Corps
Nigeria	56,510,000[3]	49.6	24.9	2.5	Government plan to integra included in 1970–74 Develo IPPF member 1967. Fp serv 12 states. In 1972 41 fixed new acceptors. Government and Population Council pro WAY, Pathfinder Fund, For Neighbors have also assisted

[1] Local estimate
[2] Provisional census result
[3] This figure is unrealistic, but it is not proposed to alter it until the census results are available in 1974.

Rates (per 1,000) Births (1965–70)	Deaths	*Population Growth Rate (%)* (1963–71)	*Family Planning Situation*
22.0[1] (1973)	7.6	1.9[1] (1973)	GOVERNMENT PROGRAMME launched 1972. Target to reduce birth rate to 20/1,000 by 1975. FPA founded 1957; IPPF member 1959. Action Familiale – RC group teaching rhythm method – receives Government grant and FPIA assistance. All but two of the 107 clinics previously run by FPA taken over by Government. Action Familiale has had school sex education programme since 1967. Birth rate has declined from 40.4 in 1958 to 22.0 in 1973. UNFPA support to Government programme, UK aiding fp evaluation. IPPF, Pathfinder Fund, SIDA, Population Council, and UKODA have also assisted.
49.5	16.5	3.0 (1970)	GOVERNMENT PROGRAMME since 1965, includes fp in MCH. FPA founded 1971 to concentrate on education/motivation programme. Fp services offered in some 180 health centres and 600 smaller dispensaries. IPPF, USAID, and SIDA assist with equipment, training, supplies and research. Population Council and Ford Foundation have given assistance.
43.3	22.9	1.4 (1963–69)	No organized fp activities.
52.2	23.3	2.7	No organized fp activities. Population Council funds for KAP survey 1970–1971. USAID has assisted with MCH and child-spacing project. Peace Corps have provided personnel.
49.6	24.9	2.5	Government plan to integrate fp into national health service included in 1970–74 Development Plan. FPA founded 1964; IPPF member 1967. Fp services available in 10 of country's 12 states. In 1972 41 fixed and 7 mobile clinics served 19,397 new acceptors. Government subsidy, IPPF annual grant. UNFPA and Population Council provide support. WHO, CWS, FPIA, WAY, Pathfinder Fund, Ford Foundation, SIDA and World Neighbors have also assisted.

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unrealistic, but it is not proposed to alter
nsus results are available in 1974.

Country	Population (1971 estimate)	Rates (per 1,000) Births (1965–70)	Deaths (1965–70)	Population Growth Rate (%) (1963–71)	Family Plan
Portuguese Guinea	563,000	40.7	29.9	0.9	No organized fp activities.
Réunion	455,000	31.7	7.7 (1971)	2.6	FPA founded 1966, is wholly fi More than 14,000 women are fo Depo-Provera has become the m An RC group teaches rhythm m although illegal. Birth rate has b IPPF assists with technical advic
Rhodesia	5,500,000	48.4	14.4	3.4	Government gives some suppor FPA founded 1957. Services av FPA clinics, Government hospi hospitals, mines and estates. In clinics served 12,048 new accep does motivational work. IPPF g Neighbors also assist.
Rwanda	3,827,000	51.8	23.3	2.9	Government opposed to fp. IPF Pathfinder Fund supports proje Medical School.
Senegal	4,022,000	46.3	22.8 (1968)	2.4	Government supports idea of f down 1971. Private clinic in Da services and training. Pathfinde private clinic. IPPF, Ford Foun Foundation have also provided
Seychelles	53,000	31.9	8.4 (1970)	2.0	Government interest growing. acceptors in 1972. Birth rate fe supports fp programme. Pathfi
Sierra Leone	2,600,000	44.8	22.7	1.6	Government attitude is cautiou IPPF member 1968. 11 clinics 1972. IUD most popular. IPPF finder Fund and Population Co FPIA, and Ford Foundation h assistance and supplies.

Rates (per 1,000) Births (1965–70)	*Deaths*	*Population Growth Rate (%) (1963–71)*	*Family Planning Situation*
40.7	29.9	0.9	No organized fp activities.
31.7	7.7 (1971)	2.6	FPA founded 1966, is wholly financed by French Government. More than 14,000 women are following an fp method. Depo-Provera has become the most commonly used method. An RC group teaches rhythm method. Abortion is common although illegal. Birth rate has been declining since 1967. IPPF assists with technical advice and supplies.
48.4	14.4	3.4	Government gives some support to fp, including grant to FPA. FPA founded 1957. Services available from over 400 locations, FPA clinics, Government hospitals and health centres, mission hospitals, mines and estates. In 1972, 10 fixed and 2 mobile FPA clinics served 12,048 new acceptors. 41% chose injections. FPA does motivational work. IPPF grant to FPA. Oxfam and World Neighbors also assist.
51.8	23.3	2.9	Government opposed to fp. IPPF has provided some support. Pathfinder Fund supports project at University of Rwanda Medical School.
46.3	22.8 (1968)	2.4	Government supports idea of fp. FPA founded 1970, closed down 1971. Private clinic in Dakar continues to provide fp services and training. Pathfinder Fund provides support to private clinic. IPPF, Ford Foundation and Rockefeller Foundation have also provided assistance.
31.9	8.4 (1970)	2.0	Government interest growing. Four fp clinics served 662 new acceptors in 1972. Birth rate fell 5% between 1965–70. IPPF supports fp programme. Pathfinder Fund has provided supplies.
44.8	22.7	1.6	Government attitude is cautious approval. FPA founded 1960; IPPF member 1968. 11 clinics served 1,099 new acceptors in 1972. IUD most popular. IPPF grant to FPA. UNFPA, Pathfinder Fund and Population Council have given assistance. FPIA, and Ford Foundation have provided educational assistance and supplies.

AFRICA

Country	*Population (1971 estimate)*	*Rates (per 1,000) Births (1965–70)*	*Deaths (1965–70)*	*Population Growth Rate (%) (1963–71)*	*Family*
Somali Republic	2,864,000	45.9	24.0	2.3	No organized fp activities.
South Africa	22,092,000	40.3	16.6	3.1	Government provides fp serv member 1953. Its services ar Clinics in all provinces serve IPPF has supported Transke provided fellowship support.
South West Africa (Namibia)	650,000	44.4	25.0	2.0	No organized fp activities.
Spanish Sahara	50,000	23.9	7.3 (1970)	4.2	No organized fp activities.
Sudan	16,087,000	48.9	18.4	2.8	Government supports fp as IPPF member 1971. Runs 13 in Government Health Cent Khartoum Nursing College a in instructing fp volunteers Government has recently re partum family planning pro
Swaziland	421,000	52.3	23.5	3.0 (1963–69)	Government interest in fp is give fp advice. UNFPA carri in 1970.
Tanzania, United Republic of	13,634,000	47.0	22.0 (1967)	2.6	Government supports fp. FP 1969. FPA ran 37 fixed and other clinics had 5,164 new Population Council and SID Fund, Rockefeller Foundati
Togo	2,022,000	50.9	25.5	2.5	Government is uncommitte Unitarians support fp educa Fund, Population Council, and Peace Corps have given

Rates (per 1,000) Births (1965–70)	Deaths	*Population Growth Rate (%)* (1963–71)	*Family Planning Situation*
45.9	24.0	2.3	No organized fp activities.
40.3	16.6	3.1	Government provides fp services. FPA founded 1932. IPPF member 1953. Its services are now limited to training personnel. Clinics in all provinces serve over 2,500 acceptors a month. IPPF has supported Transkei Branch. Population Council has provided fellowship support. World Neighbors have also assisted.
44.4	25.0	2.0	No organized fp activities.
23.9 (1970)	7.3	4.2	No organized fp activities.
48.9	18.4	2.8	Government supports fp as part of MCH. FPA founded 1965, IPPF member 1971. Runs 13 clinics all, except Central Branch, in Government Health Centres. Sudan Medical Association, Khartoum Nursing College and University of Khartoum assist in instructing fp volunteers and clients. IPPF grant to FPA. Government has recently requested WHO assistance for post-partum family planning programme.
52.3	23.5	3.0 (1963–69)	Government interest in fp is growing. Some individual doctors give fp advice. UNFPA carried out survey for Government in 1970.
47.0 (1967)	22.0	2.6	Government supports fp. FPA founded 1959, IPPF member 1969. FPA ran 37 fixed and 5 mobile clinics in 1972. 33 other clinics had 5,164 new acceptors. IPPF grant to FPA. FPIA, Population Council and SIDA assist. UNFPA, CWS, Pathfinder Fund, Rockefeller Foundation and IBRD have provided support.
50.9	25.5	2.5	Government is uncommitted. Individual doctors give fp advice. Unitarians support fp education. Ford Foundation, Pathfinder Fund, Population Council, Quaker service in Lome, UUSC and Peace Corps have given assistance.

Country	*Population (1971 estimate)*	*Rates (per 1,000) Births (1965–70)*	*Deaths (1965–70)*	*Population Growth Rate (%) (1963–71)*	*Family Plan*
Tunisia	5,137,000 (1970)	46.3	16.0	2.2	GOVERNMENT PROGRAMME birth rate to 38/1,000 by 1976. 1969. Fp offered as part of MCH mobile units. IUDs and pills equ on motivational work. Tubal lig indications available. IPPF grant Ford Foundation, USAID, SIDA German Pro Familia, IBRD, WH
Uganda	10,127,000	43.2	17.6	2.7	Government becoming more fa IPPF member 1964. FPA runs and mission hospitals. Makerere and Catholic Medical Bureaux a grant to FPA. Population Coun CWS, Rockefeller Foundation,
Upper Volta	5,491,000	49.4	29.1	2.1	No organized fp activities. Som USAID and Population Council assistance to women's organisat
Zaire	22,477,000	44.4	22.7	4.2	No organized fp activities but r favour of fp. Government inter USAID implementing approved missions do fp work. Pathfinde and literature. Pilot IPPF proje
Zambia	4,275,000	49.8	20.7	2.9	Government gives cautious app 20 clinics and some hospitals se 1972. Abortion legalised 1972. Pathfinder Fund, Ford Founda Council have assisted.

Rates (per 1,000) Births (1965–70)	Deaths (1965–70)	Population Growth Rate (%) (1963–71)	Family Planning Situation
46.3	16.0	2.2	GOVERNMENT PROGRAMME since 1956. Target to reduce birth rate to 38/1,000 by 1976. FPA founded 1968, IPPF member 1969. Fp offered as part of MCH at some 340 centres and 18 mobile units. IUDs and pills equally popular. FPA concentrates on motivational work. Tubal ligation and abortion on social indications available. IPPF grant to FPA. Population Council, Ford Foundation, USAID, SIDA, Netherlands Government, German Pro Familia, IBRD, WHO and Peace Corps assist.
43.2	17.6	2.7	Government becoming more favourable. FPA founded 1957; IPPF member 1964. FPA runs 11 clinics, some in Government and mission hospitals. Makerere Medical School and Protestant and Catholic Medical Bureaux also provide fp services. IPPF grant to FPA. Population Council, Pathfinder Fund, DANIDA, CWS, Rockefeller Foundation, and World Neighbors assist.
49.4	29.1	2.1	No organized fp activities. Some individual doctors give advice. USAID and Population Council give assistance. IPPF considering assistance to women's organisation.
44.4	22.7	4.2	No organized fp activities but recent Presidential statement in favour of fp. Government interested in expanding MCH services. USAID implementing approved plan for 6 MCH clinics. Some missions do fp work. Pathfinder Fund and CWS provide supplies and literature. Pilot IPPF project proposed.
49.8	20.7	2.9	Government gives cautious approval to fp. FPA founded 1971. 20 clinics and some hospitals served 1,264 new acceptors in 1972. Abortion legalised 1972. IPPF providing grant to FPA. Pathfinder Fund, Ford Foundation, UNFPA and Population Council have assisted.

America

		North America	Latin America
Population	1960	199,000,000	213,000,000
Population	1971	230,000,000	291,000,000
Population Growth Rate	1965–71	1.2%	2.9%
Birth Rate	1965–71	18 per 1,000	38 per 1,000
Death Rate	1965–71	9 per 1,000	10 per 1,000

Population in North America continues to grow at a moderate rate, although levels of fertility have been declining quite sharply in the last year or so. This has given rise to speculation that the North American population may eventually stabilize.

In the less developed countries of South and Central America and the Caribbean, rapid population growth is a significant problem. At present only Argentina, Cuba, Jamaica and Uruguay remain outside the regional pattern of high fertility, a rapid population growth rate, and a large percentage of population in the young age groups. The national economies do not offer enough productive employment opportunities to absorb the growing labour force and consequently unemployment is a serious problem, particularly in urban areas. A growing proportion of the population is marginally employed in non-productive, service activities.

As a result of extensive internal migration, Latin America's population is becoming increasingly urban. Both in the cities, with their sprawling shanty towns, and in the isolated rural areas, new social infrastructure must be created to meet the population's health, welfare and educational needs. The economic development which is occuring in the region favours small middle and upper classes, and does not allow many basic needs of most of the population to be met.

North America was one of the first areas to pioneer family planning and today services and facilities are widely available through private and official programmes. However in Latin America awareness of the need for family planning services is relatively recent. Concern for mother and child health, and for the high illegal abortion rate, led a number of professional and medical groups to form private family planning organizations. Following the agitation and activities of the private family planning associations, several governments have become actively interested in the subject. Today there are 33 private associations and in 29 countries the Government is operating its own official programme or unofficially assisting the private association. Government activity tends to focus on the provision of clinical services, while the family planning associations are developing specialized information and education activities. Partly because Latin America is predominantly if formally Roman Catholic, family planning is presented as a measure for family health and welfare rather than for population limitation. Further, population limitation *per se* is not the central motive in many Latin American family movements because few countries of the region have a high population density. The 'population problem' can be seen as an aspect of economic underdevelopment rather than a problem in isolation. A wide public debate on family planning and contraceptives developed after the Papal Encyclical in 1968 and hostility to family planning still exists in Latin American Catholicism, but acceptance, or at least more tolerant views, appear to be spreading. Stronger opposition to family planning comes from nationalist political groups of the right and left.

Country	Population (1971 estimate)	Rates (per 1,000) Births (1965–70)	Deaths	Population Growth Rate (%) (1963–71)	Family
Antigua	63,000[1] (1970)	30.4 (1965)	8.4	0.4	Some Government support t in 1970. 2 clinics with 310 a legal on medical grounds. As
Argentina	23,983,000[1] (1970)	21.7 (1968)	9.5	1.5	Some State Government sup member 1969. In 1972 there acceptors. 60% orals, 33% IU Some sex education activity. Fund, Population Council, F UNFPA.
Bahamas	168,838[1] (1970)	24.9 (1970)	6.2	4.6	FPA founded in 1965. No fu
Barbados	239,000	21.9 (1971)	8.6	0.1	Considerable Government fi founded in 1955, IPPF mem clinics with 3,337 new accep spermicides. Birth rate has d in 1970. FPA is to introduce Abortion legal on medical gr USAID, IDRC and UN.
Bermuda	54,000	19.6 (1970)	7.1	1.8	Fp services available as integ through Government Medica a member of IPPF since 195 between 1950–1970.
Bolivia	5,063,000	44.0	19.1	2.6	Government set up the Nati projects for an fp scheme in primarily demographic. No F by private physicians. Abort Assistance from USAID, Ox
Brazil	95,408,000	37.8	9.5	2.8	Some state Government sup IPPF member 1967. 82 clini 1972; 75% orals. Abortion il Assistance from IPPF, PAHO Foundation, World Neighbo

[1] Provisional census result

Rates (per 1,000) Births (1965–70)	*Deaths*	*Population Growth Rate (%) (1963–71)*	*Family Planning Situation*
30.4 (1965)	8.4	0.4	Some Government support to FPA and active interest. FPA set up in 1970. 2 clinics with 310 acceptors in 1972; 67% IUDs. Abortion legal on medical grounds. Assistance from IPPF.
21.7 (1968)	9.5	1.5	Some State Government support to FPA, founded in 1966, IPPF member 1969. In 1972 there were 58 clinics with 22,901 new acceptors. 60% orals, 33% IUDs. Rate of illegal abortion is high. Some sex education activity. Assistance from IPPF, Pathfinder Fund, Population Council, Ford Foundation, PAHO, HEW and UNFPA.
24.9 (1970)	6.2	4.6	FPA founded in 1965. No further information is available.
21.9 (1971)	8.6	0.1	Considerable Government financial support to FPA which was founded in 1955, IPPF member 1957. In 1972 there were 14 clinics with 3,337 new acceptors. Majority using orals and spermicides. Birth rate has declined from 33.8 in 1960 to 20.9 in 1970. FPA is to introduce sex education into the schools. Abortion legal on medical grounds. Assistance from IPPF, USAID, IDRC and UN.
19.6 (1970)	7.1	1.8	Fp services available as integral part of health service since 1937 through Government Medical and Health Department which is a member of IPPF since 1957. Considerable fall in birth rate between 1950–1970.
44.0	19.1	2.6	Government set up the National Family Centre to propose projects for an fp scheme in 1968. To date its work has been primarily demographic. No FPA. Limited fp services provided by private physicians. Abortion illegal and rate of abortion high. Assistance from USAID, Oxfam, Pathfinder and World Neighbors.
37.8	9.5	2.8	Some state Government support to FPA. FPA founded 1965, IPPF member 1967. 82 clinics with 131,300 new acceptors in 1972; 75% orals. Abortion illegal and rate of abortion high. Assistance from IPPF, PAHO, Population Council, Ford Foundation, World Neighbors and CWS.

us result

Country	Population (1971 estimate)	Rates (per 1,000) Births (1965–70)	Deaths (1965–70)	Population Growth Rate (%) (1963–71)	Family
British Honduras	124,000	40.2	6.1 (1968)	2.8	No organized fp activities.
Canada	21,569,000[1]	17.0	7.3 (1971)	1.8	Government support in resea Since 1970, aid from CIDA f other countries. FPA founde Since 1969 no legal restrictio Abortion legal on medical gr international assistance inclu
Chile	8,992,000	26.6	9.0 (1968)	1.4	GOVERNMENT PROGRAM 1962, IPPF member 1963. C research and training in dem 60,952 acceptors in 1972. 6 grounds and a high rate of ill Health runs a large sex educa Assistance from IPPF, UNFP Foundation, Population Cou
Colombia	21,772,000	44.6	10.6	3.2	GOVERNMENT PROGRAM 1965, IPPF member 1968. R in 1972 including 910 vasect Fp services available at some High rate of illegal abortion. programmes. Assistance fron Neighbors, SIDA, Pathfinder
Costa Rica	1,786,000	45.1	7.6	3.2	GOVERNMENT PROGRAM 1966, IPPF member 1967; r Government. Centre of Soci of Costa Rica responsible fo Security Institute also provi 99 Government clinics, 2 m fp services. 26,712 new acce Sex education programme w Abortion legal on medical gr USAID, PAHO, SIDA, Popu FPIA and Pathfinder Fund.

[1] Provisional census result

Rates (per 1,000) Births (1965–70)	Deaths	*Population Growth Rate (%)* (1963–71)	*Family Planning Situation*
40.2	6.1 (1968)	2.8	No organized fp activities.
17.0	7.3 (1971)	1.8	Government support in research, training, education and finance. Since 1970, aid from CIDA for population and fp activities in other countries. FPA founded 1963, IPPF member same year. Since 1969 no legal restrictions on sale of contraceptives. Abortion legal on medical grounds. Government provides international assistance including grants to IPPF.
26.6	9.0 (1968)	1.4	GOVERNMENT PROGRAMME since 1967. FPA founded in 1962, IPPF member 1963. CELADE in Santiago carries out research and training in demography. About 250 clinics with 60,952 acceptors in 1972. 60% IUDs. Abortion legal on medical grounds and a high rate of illegal abortion. The Ministry of Health runs a large sex education programme in schools. Assistance from IPPF, UNFPA, Rockefeller Foundation, Ford Foundation, Population Council, SIDA and Pathfinder Fund.
44.6	10.6	3.2	GOVERNMENT PROGRAMME since 1967. FPA founded in 1965, IPPF member 1968. Runs 42 clinics with new acceptors in 1972 including 910 vasectomies, 70% IUDs, 29% orals. Fp services available at some 500 Government health centres. High rate of illegal abortion. The FPA runs regular sex education programmes. Assistance from IPPF, Population Council, World Neighbors, SIDA, Pathfinder, USAID, WAY and IDRC.
45.1	7.6	3.2	GOVERNMENT PROGRAMME since 1968. FPA founded in 1966, IPPF member 1967; runs joint fp programme with Government. Centre of Social Population Studies of University of Costa Rica responsible for training. The Costa Rican Social Security Institute also provides fp services. One FPA clinic, 99 Government clinics, 2 mobile units and 7 hospitals provide fp services. 26,712 new acceptors in 1972; large majority orals. Sex education programme within the Ministry of Education. Abortion legal on medical grounds. Assistance from IPPF, USAID, PAHO, SIDA, Population Council, Ford Foundation, FPIA and Pathfinder Fund.

us result

Country	*Population (1971 estimate)*	*Rates (per 1,000) Births (1965–70)*	*Deaths (1965–70)*	*Population Growth Rate (%) (1963–71)*	*Family Pla*
Cuba	8,657,000	26.6	7.5	2.3	Government services free-of-ch No FPA. Abortion and contrac including orals. Some assistanc
Dominica	70,300	36.4	10.1 (1969)	1.7	GOVERNMENT PROGRAMM Close collaboration expected b IPPF, Oxfam and IDRC.
Dominican Republic	4,118,000	48.5	14.7	3.0	GOVERNMENT PROGRAMM IPPF member 1969. Co-operat fp services within MCH service acceptors: 60% orals. Fp servic centres. Abortion illegal. High education is active. Assistance Council, CWS, UKODA, Pathf
Ecuador	6,297,000	44.9	11.4	3.4	Government services since 196 member 1967. The Governmer activities through the Departm FPA runs 4 clinics and suppor 6,037 – 67% IUDs. Abortion le rate. Assistance from IPPF, W USAID and PAHO.
El Salvador	3,541,010[1]	40.0	9.9 (1970)	3.8	GOVERNMENT PROGRAMM IPPF member 1969. FPA runs over to the Government, whic 1972: 4,265 – 60% Orals. Abor FPA runs some sex education UNFPA, SIDA, Pathfinder Fu
Grenada	96,000	26.4	7.4 (1969)	0.5	Government co-operates with FPA founded 1964. Runs 11 c mostly using orals. Abortion i activity. Assistance from IPPF

[1] Provisional census result

Rates (per 1,000) Births (1965–70)	Deaths (1965–70)	Population Growth Rate (%) (1963–71)	Family Planning Situation
26.6	7.5	2.3	Government services free-of-charge through public health network. No FPA. Abortion and contraceptives are widely available, now including orals. Some assistance from SIDA.
36.4	10.1 (1969)	1.7	GOVERNMENT PROGRAMME and FPA commenced 1973. Close collaboration expected between the two. Assistance from IPPF, Oxfam and IDRC.
48.5	14.7	3.0	GOVERNMENT PROGRAMME since 1968. FPA founded in 1966, IPPF member 1969. Co-operates with the Government to provide fp services within MCH service. 2 clinics in 1972 with 4,499 new acceptors: 60% orals. Fp services also provided at 40 Government centres. Abortion illegal. High abortion rate. Institute of sex education is active. Assistance from IPPF, USAID, Population Council, CWS, UKODA, Pathfinder Fund, UNFPA, and FPIA.
44.9	11.4	3.4	Government services since 1969. FPA founded in 1966, IPPF member 1967. The Government intends to extend incipient fp activities through the Department of Public Health and Population. FPA runs 4 clinics and supports 32. New acceptors in 1972: 6,037 – 67% IUDs. Abortion legal on medical grounds. High abortion rate. Assistance from IPPF, World Neighbors, Ford Foundation, USAID and PAHO.
40.0	9.9 (1970)	3.8	GOVERNMENT PROGRAMME since 1968. FPA founded in 1966. IPPF member 1969. FPA runs 5 clinics, many having been handed over to the Government, which has about 75. FPA new acceptors in 1972: 4,265 – 60% Orals. Abortion illegal except on health grounds. FPA runs some sex education courses. Assistance from IPPF, USAID, UNFPA, SIDA, Pathfinder Fund and PAHO.
26.4	7.4 (1969)	0.5	Government co-operates with FPA through facilities and personnel. FPA founded 1964. Runs 11 clinics. 4,897 new acceptors in 1972, mostly using orals. Abortion illegal. Some FPA sex education activity. Assistance from IPPF and Oxfam.

us result

Country	*Population (1971 estimate)*	*Rates (per 1,000) Births (1965–70)*	*Deaths (1965–70)*	*Population Growth Rate (%) (1963–71)*	*Family P*
Guadeloupe	332,000	30.3	7.0 (1971)	1.4	French Government supports 1964. 11 clinics at the end of 52% orals. FPA is affiliated w
Guatemala	5,348,000	39.0	15.0 (1970)	3.1	GOVERNMENT PROGRAM IPPF member 1969. 10 FPA acceptors in 1972: 8,803–75 activities. Abortion illegal. A Oxfam, Pathfinder Fund, SID
Guyana	736,000	38.1	6.8 (1970)	2.3	No organized fp activities. A from IPPF.
Haiti	4,243,926[1]	43.9	19.7	2.0	There is no organized FPA b clinics. There were 21 such c distribute a wider variety of Government set up a Family expected to commence short Population Council, Pathfind FPIA and UUSC.
Honduras	2,582,000 (1970)	49.0	17.1	3.4	GOVERNMENT PROGRAM IPPF member 1965. Governm rural teams in 1972. FPA run 9,000–75% orals. Abortion from IPPF, Population Coun and USAID.
Jamaica	1,897,000	32.9	7.1	1.4	GOVERNMENT PROGRAM 1957, IPPF member same ye acceptors 1972: 1,794–40% Abortion illegal except on m declined considerably since activity. Assistance from IPP Fund, Population Council, I
Martinique	341,000	27.1	6.5 (1971)	1.9	No organized fp activities.

[1] Provisional census result

Rates (per 1,000) Births (1965–70)	Deaths	*Population Growth Rate (%)* (1963–71)	*Family Planning Situation*
30.3	7.0 (1971)	1.4	French Government supports FPA financially. FPA founded in 1964. 11 clinics at the end of 1970 with 2,193 new acceptors: 52% orals. FPA is affiliated with French FPA.
39.0	15.0 (1970)	3.1	GOVERNMENT PROGRAMME since 1969. FPA founded 1962, IPPF member 1969. 10 FPA and 70 Government clinics. New acceptors in 1972: 8,803–75% orals. Various sex education activities. Abortion illegal. Assistance from IPPF, USAID, Oxfam, Pathfinder Fund, SIDA, UNFPA and World Neighbors.
38.1	6.8 (1970)	2.3	No organized fp activities. A small private clinic exists. Assistance from IPPF.
43.9	19.7	2.0	There is no organized FPA but there are 9 privately supported clinics. There were 21 such clinics in 1967, but the present ones distribute a wider variety of contraceptives. In 1971 the Government set up a Family Hygiene Division. Fp activities are expected to commence shortly. Abortion illegal. Assistance from Population Council, Pathfinder Fund, UNFPA, PAHO, CWS, FPIA and UUSC.
49.0	17.1	3.4	GOVERNMENT PROGRAMME since 1966. FPA founded 1961, IPPF member 1965. Government had 30 fp clinics and 3 mobile rural teams in 1972. FPA runs 4 clinics. New acceptors in 1972: 9,000–75% orals. Abortion legal on medical grounds. Assistance from IPPF, Population Council, World Education Inc., UNFPA and USAID.
32.9	7.1	1.4	GOVERNMENT PROGRAMME since 1966. FPA founded in 1957, IPPF member same year. FPA runs 2 clinics. New acceptors 1972: 1,794–40% orals. Government has 156 clinics. Abortion illegal except on medical grounds. Birth rate has declined considerably since 1960. Sex education is a growing activity. Assistance from IPPF, USAID, UNFPA, Pathfinder Fund, Population Council, IBRD, Oxfam and PAHO.
27.1	6.5 (1971)	1.9	No organized fp activities.

nsus result

Country	*Population (1971 estimate)*	*Rates (per 1,000) Births (1965–70)*	*Deaths (1965–70)*	*Population Growth Rate (%) (1963–71)*	*Family Pla*
Mexico	50,830,000	43.4	9.9 (1970)	3.2	GOVERNMENT PROGRAMM 1965, IPPF member 1967. FPA 1972: 49,887–majority orals. Assistance from UNFPA, IPPF Rockefeller Foundations, Path
Montserrat	12,302[1] (1970)	20.1	8.1 (1970)	1.8	Government support to fp acti 3 clinics with 53 new acceptor Abortion legal on medical grou 25 per 1,000 in 1962. Assistan
Netherlands Antilles (Curacao)	225,000	22.8	5.5 (1969)	1.4	Government support to FPA, and rural services. Assistance f and Shell Oil.
Nicaragua	1,911,543[2]	46.0	16.5	2.9	GOVERNMENT PROGRAMM 60 Government centres offer f grounds. The National Institut Mission operate social clinics. UNFPA, Pathfinder Fund and
Panama	1,478,000	41.1	8.8	3.0	GOVERNMENT PROGRAMM IPPF member 1969. There we the end of 1971 and the FPA Government are developing se Assistance from IPPF, UNFPA and the Pathfinder Fund.
Paraguay	2,386,000 (1970)	44.6	10.8	3.2	Government services at 13 cli member 1969. In 1972 there 60% IUDs. Abortion illegal ex from IPPF, USAID, PAHO, W CWS and the Mennonites.
Peru	13,567,000[1]	41.8	11.1	3.1	Government interest and supp member 1970. Center for Pop set up by Government in 196 new acceptors in 1972: 50% grounds. Assistance from IPP Neighbors, WHO, FPIA and U

[1] Provisional census result
[2] Census result

Rates (per 1,000) Births (1965–70)	Deaths	*Population Growth Rate (%)* (1963–71)	*Family Planning Situation*
43.4	9.9 (1970)	3.2	GOVERNMENT PROGRAMME commences 1973. FPA founded 1965, IPPF member 1967. FPA has 85 clinics. New acceptors in 1972: 49,887–majority orals. Abortion legal on medical grounds. Assistance from UNFPA, IPPF, Population Council, Ford and Rockefeller Foundations, Pathfinder Fund, Oxfam and PAHO.
20.1	8.1 (1970)	1.8	Government support to fp activities. FPA founded in 1966. 3 clinics with 53 new acceptors in 1971: 55% IUDs, 45% orals. Abortion legal on medical grounds. Birth rate declined from 25 per 1,000 in 1962. Assistance from IPPF.
22.8	5.5 (1969)	1.4	Government support to FPA, founded in 1965. There are 3 clinics and rural services. Assistance from IPPF, the Dutch Government and Shell Oil.
46.0	16.5	2.9	GOVERNMENT PROGRAMME since 1967. FPA founded in 1970. 60 Government centres offer fp services. Abortion legal on medical grounds. The National Institute of Social Security and the Moravian Mission operate social clinics. Assistance from IPPF, CARE, USAID, UNFPA, Pathfinder Fund and Population Council.
41.1	8.8	3.0	GOVERNMENT PROGRAMME since 1969. FPA founded 1965, IPPF member 1969. There were about 15 Government clinics by the end of 1971 and the FPA was running 2 clinics. FPA and Government are developing sex education programmes in schools. Assistance from IPPF, UNFPA, PAHO, Population Council, USAID and the Pathfinder Fund.
44.6	10.8	3.2	Government services at 13 clinics. FPA founded in 1966, IPPF member 1969. In 1972 there were 26 clinics with 4,163 acceptors. 60% IUDs. Abortion illegal except on medical grounds. Assistance from IPPF, USAID, PAHO, World Neighbors, Pathfinder Fund, CWS and the Mennonites.
41.8	11.1	3.1	Government interest and support to FPA, founded in 1969, IPPF member 1970. Center for Population and Development Studies set up by Government in 1964. FPA has 11 clinics, with 3,100 new acceptors in 1972: 50% IUDs. Abortion legal on medical grounds. Assistance from IPPF, Population Council, CWS, World Neighbors, WHO, FPIA and UNFPA.

ensus result
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Country	*Population (1971 estimate)*	*Rates (per 1,000) Births (1965–70)*	*Deaths (1965–70)*	*Population Growth Rate (%) (1963–71)*	*Family P*
Puerto Rico	2,757,000	24.8	6.6 (1970)	1.4	GOVERNMENT PROGRAM IPPF member same year. Gov integrated in 1970. All 76 mu rate declined from 32.3 in 19 IPPF, USAID, Ford Foundat
St. Kitts, Nevis, Anguilla	62,000	25.1	10.7 (1970)	1.4	GOVERNMENT PROGRAM Now runs one clinic. 56 new IPPF.
St. Lucia	103,000	41.4	7.1 (1966)	1.6	FPA founded in 1967. It has in 1971: 65% orals. FPA has Assistance from IPPF and Pa
St. Vincent	90,000	33.1	9.4 (1969)	0.8	Government services since 19 clinic and supplies the 20 Go fp services. FPA served 769 sex education programmes. A
Surinam	406,000	40.9	7.2 (1966)	3.1	FPA founded in 1968, and r 1,405—majority orals. FPA i from IPPF and USAID.
Trinidad and Tobago	1,030,000	24.3	6.8 (1970)	1.4	GOVERNMENT PROGRAM IPPF member same year. 31 acceptors at FPA clinics in 1 programme under the Depar medical grounds. Assistance UKODA and UNFPA.
Uruguay	2,921,000	22.4	9.2 (1970)	1.2	FPA founded 1961, IPPF m with 1,685 new acceptors in medical grounds. Abortion r runs extensive sex education PAHO, and Population Cou

Rates (per 1,000) Births (1965–70)	*Deaths*	*Population Growth Rate (%) (1963–71)*	*Family Planning Situation*
24.8	6.6 (1970)	1.4	GOVERNMENT PROGRAMME since 1967. FPA founded 1954, IPPF member same year. Government and private activities were integrated in 1970. All 76 municipalities have fp services. Birth rate declined from 32.3 in 1960 to 24.8 in 1970. Assistance from IPPF, USAID, Ford Foundation, Population Council and HEW.
25.1	10.7 (1970)	1.4	GOVERNMENT PROGRAMME from 1971. FPA founded in 1966. Now runs one clinic. 56 new acceptors in 1972. Assistance from IPPF.
41.4	7.1 (1966)	1.6	FPA founded in 1967. It has 21 clinics with 1,287 new acceptors in 1971: 65% orals. FPA has undertaken some sex education. Assistance from IPPF and Pathfinder Fund.
33.1	9.4 (1969)	0.8	Government services since 1967. FPA founded in 1965, runs one clinic and supplies the 20 Government health centres which provide fp services. FPA served 769 new acceptors in 1972. FPA undertakes sex education programmes. Assistance from IPPF and Oxfam.
40.9	7.2 (1966)	3.1	FPA founded in 1968, and runs one clinic. New acceptors in 1972: 1,405–majority orals. FPA is developing sex education. Assistance from IPPF and USAID.
24.3	6.8 (1970)	1.4	GOVERNMENT PROGRAMME since 1967. FPA founded in 1961, IPPF member same year. 31 Government and 8 FPA clinics. New acceptors at FPA clinics in 1972: 4,654–65% orals. Sex education programme under the Department of Education. Abortion legal on medical grounds. Assistance from IPPF, PAHO, Population Council, UKODA and UNFPA.
22.4	9.2 (1970)	1.2	FPA founded 1961, IPPF member same year. FPA runs 22 clinics with 1,685 new acceptors in 1972: 90%–IUDs. Abortion legal on medical grounds. Abortion rate estimated at 3 per live birth. FPA runs extensive sex education programme. Assistance from IPPF, PAHO, and Population Council.

Country	Population (1971 estimate)	Rates (per 1,000) Births (1965–70)	Deaths (1965–70)	Population Growth Rate (%) (1963–71)	Family Pl
United States of America	207,006,000	17.3 (1971)	9.3	1.1	Since 1965 fp services provide agencies. In 1970 the Federal Planning and Population resea 6.6 million women classified a IPPF member 1952. 191 affili about 155 provided prescripti 307,137 new acceptors, about number were served in Govern clinics. In general, abortion la at both state and federal level, clear. Extensive sex education is SIECUS. FPA affiliates run Hemisphere Regional Office is country to international organ USAID and many private fou Foundations, Pathfinder Fund
Venezuela	10,399,000 (1970)	40.9	7.8	3.6	GOVERNMENT PROGRAM IPPF member 1971. Maternid provides fp services. 132 of th Government premises. New ac 9 months), majority orals. Ab Private association for Family Assistance from IPPF, Popula USAID, Ford Foundation and

Rates (per 1,000) Births (1965–70)	Deaths	Population Growth Rate (%) (1963–71)	Family Planning Situation
17.3 (1971)	9.3	1.1	Since 1965 fp services provided by some federal tax supported public agencies. In 1970 the Federal Government approved a 3-year Family Planning and Population research programme. Target is to reach 5.6 million women classified as indigent. FPA founded in 1917, IPPF member 1952. 191 affiliated organizations in 1971, of which about 155 provided prescription service. In 1971, the FPA served 307,137 new acceptors, about 2/3 using orals. About 5 times this number were served in Government facilities. Sterilization at 11 clinics. In general, abortion laws have been liberalized considerably at both state and federal level, although the situation is not yet fully clear. Extensive sex education work is carried out: chief organization is SIECUS. FPA affiliates run 22 teenage clinics. IPPF Western Hemisphere Regional Office is in New York. USA is a major donor country to international organizations including IPPF through USAID and many private foundations, e.g. Ford and Rockefeller Foundations, Pathfinder Fund and Population Council.
40.9	7.8	3.6	GOVERNMENT PROGRAMME since 1964. FPA founded in 1966, IPPF member 1971. Maternidad Concepción Palacios (MCP) provides fp services. 132 of the 137 FPA Clinics are located on Government premises. New acceptors in 1972: 45,164 (1st 9 months), majority orals. Abortion legal on medical grounds. Private association for Family and Sex Education is developing. Assistance from IPPF, Population Council, Pathfinder Fund, USAID, Ford Foundation and UNFPA.

Asia

		Asia	USSR
Population	1960	1,660,000,000	214,000,000
Population	1971	2,104,000,000	245,000,000
Population Growth Rate	1965–71	2.3%	1.0%
Birth Rate	1965–71	38 per 1,000	18 per 1,000
Death Rate	1965–71	15 per 1,000	8 per 1,000

Population growth rates in Asia, although not the highest in the world, result in the largest addition to world population in absolute numbers. As a consequence of this most governments are now facing severe problems of unemployment, land fragmentation, unplanned urban growth, increasing disparities of income and insufficient food. The pressure of population was recognized in India as early as 1951 and similar conditions elsewhere in Asia have lead to the introduction of other intensive government family planning programmes. By 1972, 17 countries had national programmes, and a number of governments are planning to set up family planning programmes in the near future.

Pioneering work in family planning in Asia was almost entirely done by voluntary agencies. Today, where official government programmes exist the major role in providing services tends to be taken over by the government and the Family Planning Association continues to function in a complementary role generally concentrating on Information, Education and Training.

Population growth is not seen as a particular problem in most Middle Eastern countries but a growing interest exists in family planning as an essential health measure. With the exception of Iran, services are still totally in the hands of voluntary associations. However, a significant trend in the area has been for increasing government interest in family planning even within countries with no organized services.

Countries like Vietnam, Laos, and Cambodia, which were previously French Colonies and had strict anti-contraceptive laws are also emerging in favour of family planning and initial steps have been taken in this direction.

Awareness of the problems brought about by rapid popuiation growth has encouraged diverse and innovative approaches towards the problem. India places emphasis on permanent methods such as sterilization. In China, the problem of a shortage of trained medical personnel has been overcome by using paramedicals in rural areas – 'barefoot doctors' – to distribute contraceptives and perform surgical operations. Widespread use of orals and IUDs has contributed to the decline in the birth rates of Hong Kong, Korea, Singapore and Taiwan. Singapore has moved beyond family planning by introducing legislation regarding housing, maternity benefits etc., which penalises couples with large families. Abortion is growing in popularity encouraged by the liberalization of the law in many countries. In Japan however, where abortion is widespread and is partly responsible for a decline in the birth rate, concern is being expressed that abortion on such a large scale may be a danger to maternal health.

Country	*Population (1971 estimate)*	*Rates (per 1,000) Births (1965–70)*	*Deaths (1965–70)*	*Population Growth Rate (%) (1963–71)*	*Family Pla*
Afghanistan	17,480,000	50.5	26.5	2.3	Government plans to integrate supports the FPA, founded in end of 1972, FPA had 19 clini visits during the year. Developi Assistance from IPPF, USAID, and Population Council.
Bahrain	220,000[1]	53.0[2] (1965)	20.0[2]	3.0	No organized fp activities; but interest.
Bangladesh	75,293,000[3] (1972)	43.0[3] (1971)	16.0[3]	–	GOVERNMENT PROGRAMM integrating fp with health servi independence. About 640 clini and a mobile van run by FPA. 1972 to handle the rape victim IPPF, NORAD, USAID, DANI
Bhutan	854,000	–	–	2.2	No organized fp activities.
Brunei	136,256[4]	39.8 (1969)	6.0	4.6	No organized fp activities but
Burma	27,584,000 (1970)	40.3	17.4	2.2 (1963–70)	Government reluctant to adop 1960, but its activity virtually fp expected until change in po
China, People's Republic of	787,176,000	33.1	15.3	1.8	GOVERNMENT PROGRAMM to reduce growth rate to 1% b planning, including raising the and is taken to rural areas by legalized in 1957. Massive fp e
Cyprus	639,000	23.3	7.8	1.0	Government is favourable to F 1973. Runs one clinic in Nico Assistance from IPPF.

[1] Provisional census result
[2] Local estimate
[3] USAID estimate
[4] Census result

Rates (per 1,000) Births (1965–70)	*Deaths*	*Population Growth Rate (%) (1963–71)*	*Family Planning Situation*
50.5	26.5	2.3	Government plans to integrate fp into basic health network; supports the FPA, founded in 1968, IPPF member 1971. By the end of 1972, FPA had 19 clinics with approximately 32,000 visits during the year. Developing sex education programme. Assistance from IPPF, USAID, CARE, World Education, Inc., and Population Council.
53.0[2] (1965)	20.0[2]	3.0	No organized fp activities; but Government shows signs of interest.
43.0[3] (1971)	16.0[3]	–	GOVERNMENT PROGRAMME on experimental basis aimed at integrating fp with health services. FPA being reorganized after independence. About 640 clinics provide fp services; 2 clinics and a mobile van run by FPA. Abortion liberalized up to May 1972 to handle the rape victims of the war. Assistance from IPPF, NORAD, USAID, DANIDA, UKODA and CWS.
–	–	2.2	No organized fp activities.
39.8 (1969)	6.0	4.6	No organized fp activities but advice available privately.
40.3	17.4	2.2 (1963–70)	Government reluctant to adopt fp programme. FPA founded in 1960, but its activity virtually ceased since 1963. No progress in fp expected until change in policy.
33.1	15.3	1.8	GOVERNMENT PROGRAMME since 1957. Target in 1964 was to reduce growth rate to 1% by 2000. All methods of family planning, including raising the age of marriage. Fp is part of MCH and is taken to rural areas by 'bare-foot doctors'. Abortion legalized in 1957. Massive fp education campaign.
23.3	7.8	1.0	Government is favourable to FPA, founded in 1971, IPPF member 1973. Runs one clinic in Nicosia. Will concentrate on sex education. Assistance from IPPF.

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Country	Population (1971 estimate)	Rates (per 1,000) Births (1965–70)	Deaths (1965–70)	Population Growth Rate (%) (1963–71)	Family P
Hong Kong	4,045,000[1]	19.0 (1971)	5.0 (1971)	2.1	Government plans to introdu which was founded in 1936, mostly in Government health 1972: 112,391; new acceptor rate decreased from 35.5/1,0 FPA provides sex education education courses and plans from IPPF, WHO, Population Friends Service Committee a Population Studies Center en
India	547,367,926[1]	37.5[2] (1971)	15.6[2] (1971)	2.5[1] (1966–70)	GOVERNMENT PROGRAM birth rate to 25/1,000 and gr FPA founded 1949. IPPF me and 400 voluntary organizati 76 fixed and mobile clinics. 14 million practice contracep All methods available, althou Abortion laws liberalized 19 towards higher marriage age education in schools, adult e channels. Assistance from IP NORAD, UKODA, Japan, U World Relief, Oxfam, CWS, USC. USAID, Population Co Pathfinder Fund also provid
Indonesia	118,309,059[1]	48.3	19.4	2.8	GOVERNMENT PROGRAM acceptors and 2,450 fp clini IPPF member 1967. 2,006 C Acceptors April 1971–Marc 50% pill, 44% IUD. Abortio fp education programme. As WHO, Population Council, F USAID, UKODA, NORAD, Rockefeller Foundation, Pat and World Neighbors.

[1] Provisional census result
[2] Local estimate

Rates (per 1,000) Births	Deaths	*Population Growth Rate (%)*	*Family Planning Situation*
(1965–70)		*(1963–71)*	
19.0 (1971)	5.0	2.1	Government plans to introduce fp programme; supports the FPA which was founded in 1936, IPPF member 1952. 54 clinics, mostly in Government health centres. Total number of patients in 1972: 112,391; new acceptors: 33,492. Orals most popular. Birth rate decreased from 35.5/1,000 in 1961 to 19.0/1,000 in 1971. FPA provides sex education material, arranges family life education courses and plans to prepare school syllabi. Assistance from IPPF, WHO, Population Council, Pathfinder Fund, American Friends Service Committee and USC. University of Michigan Population Studies Center engaged in research.
37.5[2] (1971)	15.6[2]	2.5[1] (1966–70)	GOVERNMENT PROGRAMME since 1951. Target to reduce birth rate to 25/1,000 and growth rate to 1.5% by 1978–79. FPA founded 1949. IPPF member 1952. Nearly 50,000 Government and 400 voluntary organization clinics. FPA provides services through 76 fixed and mobile clinics. Of 100 million eligible couples, nearly 14 million practice contraception. Of these, 10 million are sterilized. All methods available, although pill is used on experimental basis. Abortion laws liberalized 1971, effective 1st April 1972. Trend towards higher marriage age may be reinforced by law. Sex education in schools, adult education centres and less formal channels. Assistance from IPPF, UNFPA, SIDA, DANIDA, NORAD, UKODA, Japan, UNICEF, WHO, WAY, Lutheran World Relief, Oxfam, CWS, World Neighbors, Peace Corps and USC. USAID, Population Council, Ford Foundation and Pathfinder Fund also provided assistance.
48.3	19.4	2.8	GOVERNMENT PROGRAMME since 1968. Target 6 million acceptors and 2,450 fp clinics by 1976. FPA founded 1957, IPPF member 1967. 2,006 Government and FPA clinics. Acceptors April 1971–March 1972: 519,300 approximately, 50% pill, 44% IUD. Abortion legal on medical grounds. Developing fp education programme. Assistance from IPPF, UNFPA, IDA, WHO, Population Council, Ford Foundation, CWS, FPIA, SIDA, USAID, UKODA, NORAD, Japan, Oxfam, Netherlands. WAY, Rockefeller Foundation, Pathfinder Fund, World Education Inc., and World Neighbors.

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Country	*Population (1971 estimate)*	*Rates (per 1,000) Births (1965–70)*	*Deaths (1965–70)*	*Population Growth Rate (%) (1963–71)*	*Family Pla*
Iran	29,783,000	45.4	16.6	3.0	GOVERNMENT PROGRAMM 1958, IPPF member 1971. FP 77,583 – majority orals. Abor education being introduced in from IPPF, UNFPA, IDRC, IB Council.
Iraq	9,750,000	49.3	15.5	3.2	No Government programme bu health network. FPA founded Runs 6 clinics in Baghdad and WHO.
Israel	3,013,000	27.0	7.0 (1970)	2.8	Government attitude pro-natal 1932 and the other in 1966. A
Japan	104,661,000	17.2	6.6 (1971)	1.1	GOVERNMENT PROGRAMM to other Asian countries and t IPPF member the same year. O centres. 54% of eligible couple Orals and IUDs illegal. Abortio sought. FPA provides sex educ Pacific Regional Office in Tok
Jordan	2,383,000	49.1	16.0	3.4	The Government has supporte 1963, IPPF member 1964. FP 3,000 new patient visits in 197 and Near East Council of Chur illegal but in practice available from IPPF, SIDA, WCC, Pathf
Khmer Republic (Cambodia)	6,928,000[1] (1971)	44.6	15.6	2.2	FPA founded in 1973. The ma education and introduction of French anticontraceptive legis abortion is illegal though relat
Korea, Democratic People's Republic of	14,287,000	38.8	11.2	2.8	No information on fp activitie

[1] US Bureau of Census estimate

Rates (per 1,000) Births (1965–70)	Deaths	*Population Growth Rate (%)* (1963–71)	*Family Planning Situation*
45.4	16.6	3.0	GOVERNMENT PROGRAMME since 1967. FPA founded 1958, IPPF member 1971. FPA clinic attendance in 1972: 77,583 – majority orals. Abortion liberalised in 1973. Sex education being introduced in school curricula. Assistance from IPPF, UNFPA, IDRC, IBRD, UNICEF and Population Council.
49.3	15.5	3.2	No Government programme but plans to integrate fp into basic health network. FPA founded 1971, IPPF member same year. Runs 6 clinics in Baghdad and Mosul. Assistance from IPPF and WHO.
27.0	7.0 (1970)	2.8	Government attitude pro-natalist. Two FPAs, one founded in 1932 and the other in 1966. Abortion illegal but common.
17.2	6.6 (1971)	1.1	GOVERNMENT PROGRAMME since 1952. Provides assistance to other Asian countries and to IPPF. FPA founded in 1954, IPPF member the same year. Over 832 clinics and 539 MCH centres. 54% of eligible couples practice fp, 50–60% condoms. Orals and IUDs illegal. Abortion legalized in 1948 and widely sought. FPA provides sex education material. IPPF Western Pacific Regional Office in Tokyo.
49.1	16.0	3.4	The Government has supported the FPA which was founded in 1963, IPPF member 1964. FPA runs 22 clinics with approximately 3,000 new patient visits in 1972. Women's Federation of Jordan and Near East Council of Churches also have clinics. Abortion illegal but in practice available on medical grounds. Assistance from IPPF, SIDA, WCC, Pathfinder Fund and CARE.
44.6	15.6	2.2	FPA founded in 1973. The main aim is welfare of the family, education and introduction of fp. Orals available privately. French anticontraceptive legislation of 1920 still exists and abortion is illegal though relatively common.
38.8	11.2	2.8	No information on fp activities.

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Country	*Population (1971 estimate)*	*Rates (per 1,000) Births (1965–70)*	*Deaths (1965–70)*	*Population Growth Rate (%) (1963–71)*	*Famil*
Korea, Republic of	31,917,000	35.6	11.0	2.2	GOVERNMENT PROGRA growth rate to 1.5% by 19 the 1980s. FPA founded ir FPA runs 14 demonstratio during 1972. Fp offered at and 30 hospitals. An estim contraceptives in 1971. Ab 1973. Estimated decrease i 2% in 1970. Sex education Assistance from IPPF, UNI Pathfinder Fund, Oxfam, C
Kuwait	831,000	43.3	7.4	3.6[1]	Government favours provis
Laos	3,033,000	42.1	17.2	2.4	GOVERNMENT POLICY February 1972. FPA found acceptors in 1972. Red Cr contraceptive legislation of IPPF, USAID, WHO, UNIC
Lebanon	2,873,000	26.5 (1971)	4.5	2.4	Government supports the I member 1970. 9 clinics wit acceptors in 1972. Anti-co Abortion illegal. Assistance East and North Africa Reg
Malaysia– West Malaysia	8,978,000	33.8 (1970)	7.3	2.4	GOVERNMENT PROGRA the growth rate to 2% by 1 1961. Government and FP Private doctors and about national programme. 54,99 orals. Abortion legal on me UNFPA, UNICEF, ILO, SI Population Council, WAY east Asia and Oceania Regi

[1] Natural increase rate

Rates (per 1,000) Births (1965–70)	Deaths	*Population Growth Rate (%)* (1963–71)	*Family Planning Situation*
35.6	11.0	2.2	GOVERNMENT PROGRAMME since 1962. Target to reduce growth rate to 1.5% by 1976 and a further reduction to 1% in the 1980s. FPA founded in 1961, IPPF member the same year. FPA runs 14 demonstration clinics which served 96,113 patients during 1972. Fp offered at 192 health centres, 1,473 sub-centres and 30 hospitals. An estimated 1,440,000 women using contraceptives in 1971. Abortion legalized on medical grounds in 1973. Estimated decrease in growth rate from 2.8% in 1963 to 2% in 1970. Sex education being introduced in school curricula. Assistance from IPPF, UNFPA, SIDA, USAID, Population Council, Pathfinder Fund, Oxfam, CWS and FPIA.
43.3	7.4	3.6[1]	Government favours provision of fp within MCH.
42.1	17.2	2.4	GOVERNMENT POLICY to reduce population growth announced February 1972. FPA founded in 1969, ran 15 clinics with 9,804 acceptors in 1972. Red Cross plays active role. French anti-contraceptive legislation of 1920 still prevails. Assistance from IPPF, USAID, WHO, UNICEF and Ford Foundation.
26.5 (1971)	4.5	2.4	Government supports the FPA which was founded in 1969, IPPF member 1970. 9 clinics with 1,115 new and 2,609 continuing acceptors in 1972. Anti-contraceptive legislation under review. Abortion illegal. Assistance from IPPF and UNFPA. IPPF Middle East and North Africa Regional Office in Beirut.
33.8 (1970)	7.3	2.4	GOVERNMENT PROGRAMME since 1966. Target to reduce the growth rate to 2% by 1985. FPA founded 1958, IPPF member 1961. Government and FPA clinics: 790 including 'satellite stations'. Private doctors and about 200 rubber estates also participate in the national programme. 54,995 users at FPA clinics in 1972 – 90% orals. Abortion legal on medical grounds. Assistance from IPPF, UNFPA, UNICEF, ILO, SIDA, USAID, DANIDA, Ford Foundation, Population Council, WAY and World Education, Inc. IPPF South-east Asia and Oceania Regional Office in Kuala Lumpur.

ase rate

Country	*Population (1971 estimate)*	*Rates (per 1,000) Births (1965–70)*	*Deaths (1965–70)*	*Population Growth Rate (%) (1963–71)*	*Family Pla*
Malaysia-Sabah	674,000	48.0	12.5	3.7	FPA founded in 1967. Provided 11 clinics in 1972. Assistance f
Malaysia-Sarawak	999,000	48.0	12.5	2.8	Government supports FPA four clinics with 28,970 acceptors in Educational programme using a IPPF.
Mongolia	1,283,000	41.5	11.2	2.8	No information of fp activities.
Nepal	11,290,000[1]	44.6	22.9	1.8	GOVERNMENT PROGRAMM growth rate to 1% by 1985. FP 1960. 6 FPA clinics, and 110 M Also mobile clincs and camps. and condoms via FPA and priv acceptors in 1972. Population be started. Assistance from IPP SIDA, CWS, Japan, UKODA, U Council.
Oman	678,000	–	–	3.0	No organized fp activities.
Pakistan	64,892,000[1] (1972)	43.0[2] (1971)	16.0[2]	–	GOVERNMENT PROGRAMM grant to IPPF. Target to reduc FPA founded 1953, IPPF mem clinics 1972: 21,555. Orals, IU Assistance from IPPF, USAID, Ford Foundation, Oxfam, SID Pathfinder Fund.
Philippines	37,959,000	44.7	12.0	3.0	GOVERNMENT PROGRAMM FPAs, founded in 1961 and 19 member 1965. Total of 1,689 with 313,421 acceptors in Jan 7,768 new acceptors in 1972. significant because of large nu law liberalized in 1969. Develo Assistance from IPPF, Japan, Pathfinder Fund, Ford Found UNFPA, Oxfam, WHO, FPIA, Rockefeller Foundation.

[1] Provisional census result
[2] USAID estimate

ates (per 1,000) *rths* (1965–70)	*Deaths*	*Population Growth Rate (%)* (1963–71)	*Family Planning Situation*
3.0	12.5	3.7	FPA founded in 1967. Provided services to 36,417 acceptors at 11 clinics in 1972. Assistance from IPPF.
3.0	12.5	2.8	Government supports FPA founded in 1962. 7 urban, 61 rural clinics with 28,970 acceptors in 1972. Nearly 95% orals. Educational programme using all mass media. Assistance from IPPF.
1.5	11.2	2.8	No information of fp activities.
4.6	22.9	1.8	GOVERNMENT PROGRAMME since 1966. Target to reduce growth rate to 1% by 1985. FPA founded 1958, IPPF member 1960. 6 FPA clinics, and 110 MCH centres engaged in fp activities. Also mobile clincs and camps. Commercial distribution of pills and condoms via FPA and private sector. FPA had 14,843 acceptors in 1972. Population education in school curricula to be started. Assistance from IPPF, USAID, Pathfinder Fund, SIDA, CWS, Japan, UKODA, UNICEF, WHO and Population Council.
–	–	3.0	No organized fp activities.
3.0[2] (1971)	16.0[2]	–	GOVERNMENT PROGRAMME since 1960, support to FPA and grant to IPPF. Target to reduce birth rate to 33.2/1,000 by 1975. FPA founded 1953, IPPF member 1954. New acceptors at 21 FPA clinics 1972: 21,555. Orals, IUDs and condoms most popular. Assistance from IPPF, USAID, UNFPA, WHO, Population Council, Ford Foundation, Oxfam, SIDA, UKODA, Netherlands and Pathfinder Fund.
4.7	12.0	3.0	GOVERNMENT PROGRAMME since 1970. Two voluntary FPAs, founded in 1961 and 1965, merged in 1969. IPPF member 1965. Total of 1,689 clinics in national programme with 313,421 acceptors in Jan.–Oct. 1972. FPA runs 152 clinics. 7,768 new acceptors in 1972. Orals most popular, rhythm method significant because of large numbers of RCs. Anti-contraceptive law liberalized in 1969. Developing sex education programme. Assistance from IPPF, Japan, USAID, Population Council, Pathfinder Fund, Ford Foundation, CWS, World Neighbors, UNFPA, Oxfam, WHO, FPIA, World Education Inc. and Rockefeller Foundation.
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Country	*Population (1971 estimate)*	*Rates (per 1,000) Births (1965–70)*	*Deaths (1965–70)*	*Population Growth Rate (%) (1963–71)*	*Family*
Qatar	87,000	–	–	5.0	No organized fp activities.
Saudi Arabia	7,965,000	50.0	22.7	2.7	No organized fp activities. A provides fp services to its em
Sikkim	204,760[1]	28.8	15.9	2.0	No organized fp activities.
Singapore	2,110,000	22.8 (1971)	5.4	2.2	GOVERNMENT PROGRAM birth rate to 20/1,000. FPA 1952. 35 clinics. Abortion li legislation, e.g. no materni'y introduced in 1973. 1965 bi 23/1,000 in 1971. Assistanc Council, Ford Foundation, S Pathfinder Fund and Rocke
Sri Lanka (Ceylon)	12,747,755[1]	29.4 (1970)	7.5	2.2	GOVERNMENT PROGRAM birth rate to 25/1,000 and g FPA founded 1953, IPPF m 454 clinics by 1970. FPA cli 1972. Orals and IUDs most from 38.5 in 1950–54 to 29 medical grounds. Sex educat IPPF, Population Council, P ILO, WAY, Rockefeller Fou IPPF Indian Ocean Regional
Syria	6,451,000	47.5	15.3	3.3	No organized fp activities, b
Taiwan	14,035,000 (1970)	27.2 (1970)	4.9	2.2[2] (1971)	GOVERNMENT PROGRA in 1968. Target to reduce gr FPAs, one founded in 1954 clinics widely used. Accepto IUDs. Abortion legal on me from 35.6/1,000 in 1963 to education under considerati Council, Pathfinder Fund, F Relief, CWS, FPIA, UNICE Michigan Population Studie

[1] Provisional census result
[2] Local estimate

Rates (per 1,000) Births	Deaths	Population Growth Rate (%) (1963–71)	Family Planning Situation
	(1965–70)		
–	–	5.0	No organized fp activities.
50.0	22.7	2.7	No organized fp activities. Arabian-American Oil Company provides fp services to its employees.
28.8	15.9	2.0	No organized fp activities.
22.8 (1971)	5.4	2.2	GOVERNMENT PROGRAMME since 1965. Target to reduce birth rate to 20/1,000. FPA founded in 1949, IPPF member 1952. 35 clinics. Abortion liberalized 1969. Anti-natalist legislation, e.g. no maternity benefits beyond the third child, introduced in 1973. 1965 birth rate 30/1,000, reduced to 23/1,000 in 1971. Assistance from IPPF, USAID, Population Council, Ford Foundation, SIDA, NORAD, UKODA, Pathfinder Fund and Rockefeller Foundation.
29.4 (1970)	7.5	2.2	GOVERNMENT PROGRAMME since 1965. Target to reduce birth rate to 25/1,000 and growth rate to 1.7% by 1975. FPA founded 1953, IPPF member 1954. Government had 454 clinics by 1970. FPA clinics served 27,345 acceptors in 1972. Orals and IUDs most popular. Birth rate decreased from 38.5 in 1950–54 to 29.4 in 1970. Abortion legal on medical grounds. Sex education in schools. Assistance from IPPF, Population Council, Pathfinder Fund, SIDA, UNFPA, ILO, WAY, Rockefeller Foundation and Ford Foundation. IPPF Indian Ocean Regional Office in Colombo.
47.5	15.3	3.3	No organized fp activities, but Government showing interest.
27.2 (1970)	4.9	2.2[2] (1971)	GOVERNMENT PROGRAMME since 1964, policy announced in 1968. Target to reduce growth rate to 1.8% by 1978. Two FPAs, one founded in 1954 and the other in 1963. Mobile clinics widely used. Acceptors 1972: 272,330 – majority IUDs. Abortion legal on medical grounds. Birth rate decreased from 35.6/1,000 in 1963 to 25.6/1,000 by 1971. Population education under consideration. Assistance from Population Council, Pathfinder Fund, Ford Foundation, Lutheran World Relief, CWS, FPIA, UNICEF and Oxfam. University of Michigan Population Studies Center engaged in research.

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Country	Population (1971 estimate)	Rates (per 1,000) Births (1965–70)	Deaths (1965–70)	Population Growth Rate (%) (1963–71)	Family Plan
Thailand	35,335,000	42.8	10.4	2.7	GOVERNMENT PROGRAMME Health since 1970. Target to ha FPA founded 1970, IPPF memb in fp and there are fp programm clinics with 448,617 acceptors i 350,000. Pill most popular. Cor programme. Assistance from IPI Foundation, Rockefeller Found USAID, UNFPA, UNICEF, WH University of North Carolina.
Turkey	36,162,000	39.0[1] (1970)	14.0[1]	2.5	GOVERNMENT PROGRAMM 1963, IPPF member 1965. Over of IUD acceptors 1965–1971: medical grounds. Assistance fro SIDA, USAID, CARE and Worl
Union of Soviet Socialist Republics	245,066,000	17.8 (1971)	8.2	1.1	Government attitude becoming available through national healt legislation. Abortion legal on so
United Arab Emirates	275,000[2] (1972)	–	–	3.0 (1971)	No organized fp activities.
Vietnam, Democratic Republic of	21,595,000	37.5	16.1	2.4	GOVERNMENT PROGRAMM reduce birth rate to 20/1,000.
Vietnam, Republic of	18,332,000 (1970)	37.5	16.1	2.6	Government provides fp service 1968. 30 Government clinics, n anti-contraceptive legislation o under consideration. Family ed especially at level of Governme IPPF, USAID, Population Cou
Yemen, Arab Republic of	5,900,000	50.0	22.7	2.7	No organized fp activities but c
Yemen, People's Democratic Republic of	1,475,000	50.0	22.7	3.0	No organized fp activities.

[1] Provisional census result
[2] UNESOB estimate

Rates (per 1,000) Births (1965–70)	Deaths (1965–70)	Population Growth Rate (%) (1963–71)	Family Planning Situation
42.8	10.4	2.7	GOVERNMENT PROGRAMME through the Ministry of Public Health since 1970. Target to have 2.28 million acceptors by 1976. FPA founded 1970, IPPF member 1971. Red Cross is interested in fp and there are fp programmes in several hospitals. Over 3,500 clinics with 448,617 acceptors in 1972 exceeding the target of 350,000. Pill most popular. Comprehensive sex education programme. Assistance from IPPF, Population Council, Ford Foundation, Rockefeller Foundation, Pathfinder Fund, CWS, USAID, UNFPA, UNICEF, WHO, WAY, World Education Inc., and University of North Carolina.
9.0[1] (1970)	14.0[1]	2.5	GOVERNMENT PROGRAMME since 1965. FPA founded in 1963, IPPF member 1965. Over 570 clinics – total number of IUD acceptors 1965–1971: 303,085. Abortion legal on medical grounds. Assistance from IPPF, Ford Foundation, SIDA, USAID, CARE and World Education Inc.
17.8 (1971)	8.2	1.1	Government attitude becoming favourable. Some fp services available through national health service. No anti-contraceptive legislation. Abortion legal on socio-medical grounds.
–	–	3.0 (1971)	No organized fp activities.
37.5	16.1	2.4	GOVERNMENT PROGRAMME reported in 1967. Target to reduce birth rate to 20/1,000. Mostly traditional methods.
37.5	16.1	2.6	Government provides fp services since 1967. FPA founded 1968. 30 Government clinics, mostly in MCH centres. French anti-contraceptive legislation of 1920 still exists, but repeal is under consideration. Family education programme planned, especially at level of Government officials. Assistance from IPPF, USAID, Population Council, CWS and SIDA.
50.0	22.7	2.7	No organized fp activities but official interest is growing.
50.0	22.7	3.0	No organized fp activities.

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Europe

Population	1960	425,000,000
Population	1971	466,000,000
Population Growth Rate	1965–71	0.8%
Birth Rate	1965–71	17 per 1,000
Death Rate	1965–71	10 per 1,000

Population growth *per se* has not been accepted as a problem in Europe which has the lowest growth rate of any continent. In fact, in some European countries, particularly in Eastern Europe, governments have recently been concerned with the low levels of increase in population and the steady decline in fertility levels. Concern has been expressed in some other countries with the low but still significant population growth rates in connection with their implications on natural resources and environmental quality.

Most pioneering work in family planning was done and the first organized family planning movement was started in Europe, with the foundation of a voluntary family planning association in the Netherlands, in 1881. Most countries in Europe now have family planning associations. Government participation in family planning varies considerably in Europe. In some countries family planning is integrated with public health services and other governments provide support for the activities of family planning associations. There are still some countries however, where laws and regulations restrict the publicity or sale of contraceptives.

Widespread use of abortion has been a contributing factor to the low birth rates. Most Eastern European countries have liberalized abortion laws which permit abortion on social indications and in some cases on request. Many Western European countries have also taken steps in the same direction. In contrast to this general tendency countries like Romania and Bulgaria, concerned with the decreasing birth rates, have recently restricted their previously liberal abortion laws.

Family planning associations in Europe are active in the field of sex education. In many countries sex education is included in the primary and secondary school curricula and there is a trend to include family planning education in sex education in order to meet the needs of the younger generation.

Many governments in Europe are active in the field of international assistance for family planning programmes, through bilateral and multilateral grants.

Country	*Population (1971 estimate)*	*Rates (per 1,000) Births (1971)*	*Deaths*	*Population Growth Rate (%) (1963–71)*	*Family Plan*
Albania	2,226,000	35.3 (1969)	7.5	3.0	No information on any organize
Austria	7,456,400[1]	14.5	13.0	0.5	Government interest increasing being planned. FPA founded in Fp clinics in 9 university and m Prohibition on IUD lifted in 19 grounds only. Sex education ac from IPPF.
Belgium	9,726,000	14.5	12.2	0.6	Government support to FPA si founded in 1963, IPPF member Publicity for contraceptives and and seminars held by FPA on se counselling. Assistance from IP
Bulgaria	8,540,000	16.0	9.0	0.7	Fp services available at hospital Abortion law restricted in 197 children and up to 10 weeks of grounds and in cases of rape.
Czechoslovakia	14,500,000	15.8 (1970)	11.4	0.5	Government favourable. No FP some hospitals and health clini medical grounds.
Denmark	4,966,000	15.2	9.9	0.7	Government provides services t assistance to population progra IPPF. FPA (founded 1955, IPP 2 clinics in Copenhagen. Physic required to give fp advice after legal on socio-medical grounds. schools. FPA also active in sex

[1] Census result

Rates (per 1,000) Births (1971)	*Deaths*	*Population Growth Rate (%) (1963–71)*	*Family Planning Situation*
35.3 (1969)	7.5	3.0	No information on any organized fp activities.
14.5	13.0	0.5	Government interest increasing and setting up of fp centres being planned. FPA founded in 1966, IPPF member 1971. Fp clinics in 9 university and major maternity hospitals. Prohibition on IUD lifted in 1973. Abortion legal on medical grounds only. Sex education activities by the FPA. Assistance from IPPF.
14.5	12.2	0.6	Government support to FPA since 1970. Federated FPA founded in 1963, IPPF member 1965. 19 fp centres. Publicity for contraceptives and abortion illegal. Meetings and seminars held by FPA on sex education and marriage counselling. Assistance from IPPF.
16.0	9.0	0.7	Fp services available at hospitals and poly-clinics. No FPA. Abortion law restricted in 1973 to women with more than two children and up to 10 weeks of pregnancy except on medical grounds and in cases of rape.
15.8 (1970)	11.4	0.5	Government favourable. No FPA, but fp services available at some hospitals and health clinics. Abortion legal on socio-medical grounds.
15.2	9.9	0.7	Government provides services through health network and assistance to population programmes of other countries and IPPF. FPA (founded 1955, IPPF member the same year) has 2 clinics in Copenhagen. Physicians and midwives are legally required to give fp advice after delivery and abortion. Abortion legal on socio-medical grounds. Compulsory sex education in schools. FPA also active in sex education.

EUROPE

Country	*Population (1971 estimate)*	*Rates (per 1,000) Births (1971)*	*Deaths (1971)*	*Population Growth Rate (%) (1963–71)*	*Family*
Finland	4,684,000	13.1	9.8	0.4	Government provides service to population programmes o FPA (founded 1941, IPPF m were visited by 18,000 peop orals and IUDs most popula Sex education in the new ed sex education material.
France	51,260,000	17.1	10.7	0.9	FPA founded 1956, IPPF m over 350 information centre contraceptives on a pilot pro Anti-contraceptive law repe provision of contraceptives legal on medical grounds onl
German Democratic Republic	15,956,060[1]	13.9 (1970)	14.1	−0.1	Government provides servic FPA founded 1964, IPPF m Abortion law liberalized in up to 12 weeks of pregnanc primary and secondary scho
German Federal Republic	59,378,500[1] (1970)	12.7	11.9	0.8	Government provides intern FPA founded 1952, IPPF m and over 44 clinics at which IUD. Abortion legal on med review. Sex education inclu
Greece	8,768,648[1]	16.0	8.3	0.7 (1963–70)	No organized fp activities. S hospitals. Abortion legal on
Hungary	10,315,600[1] (1970)	14.5	11.9	0.4	No organized fp activities. A hospitals. Abortion legal on courses are organized in fac school children on sex educ
Iceland	204,930[2] (1970)	19.5 (1970)	7.1	1.8	No organized fp activities. S Doctors are legally required most popular. Abortion leg

[1] Provisional census result
[2] Census result

Rates (per 1,000) Births (1971)	Deaths	Population Growth Rate (%) (1963–71)	Family Planning Situation
13.1	9.8	0.4	Government provides services through health network and aid to population programmes of other countries and to IPPF. FPA (founded 1941, IPPF member 1959) runs 5 clinics which were visited by 18,000 people in 1971. All methods available, orals and IUDs most popular. Abortion legal on social grounds. Sex education in the new education system. FPA publishes sex education material.
17.1	10.7	0.9	FPA founded 1956, IPPF member 1959. Fp advice available at over 350 information centres of which five only provide contraceptives on a pilot project basis. Orals most popular. Anti-contraceptive law repealed in 1967, but advertising and provision of contraceptives by the FPA still restricted. Abortion legal on medical grounds only. FPA active in sex education.
13.9 (1970)	14.1	–0.1	Government provides services through public health network. FPA founded 1964, IPPF member 1967, runs about 200 centres. Abortion law liberalized in 1972 making it available free-of-charge up to 12 weeks of pregnancy. Sex education being included into primary and secondary school curricula.
12.7	11.9	0.8	Government provides international assistance and grant to IPPF. FPA founded 1952, IPPF member the same year, has 11 branches and over 44 clinics at which all methods are available except the IUD. Abortion legal on medical grounds only and law is under review. Sex education included in all schools.
16.0	8.3	0.7 (1963–70)	No organized fp activities. Services available at university hospitals. Abortion legal on medical grounds only.
14.5	11.9	0.4	No organized fp activities. Advice and services available at most hospitals. Abortion legal on liberal grounds since 1956. Some courses are organized in factories and talks are given to secondary school children on sex education.
19.5 (1970)	7.1	1.8	No organized fp activities. Services available at hospitals. Doctors are legally required to give advice. Orals and IUDs most popular. Abortion legal on socio-medical grounds.

ensus result

Country	Population (1971 estimate)	Rates (per 1,000) Births (1971)	Deaths (1971)	Population Growth Rate (%) (1963–71)	Family Plan
Irish Republic	2,971,230[1]	22.8	10.6	0.5	FPA founded in 1969, runs 2 ce import for sale of contraceptives permitted on any grounds. Assis
Italy	54,078,000	16.8	9.6	0.8	Federated FPA founded 1968, I 8 advisory centres. All methods contraceptive laws repealed in M fp clinic was opened in Universi except on serious medical indica sponsored by Ministry of Educa on sex education. Assistance fro
Luxembourg	332,434[1] (1970)	13.0	12.9	0.6	Government support to FPA, fo 1967. Advice on all methods av legal on limited medical ground importance to sex education.
Malta	325,000	16.3	9.4 (1970)	−0.1	No FPA. Advertising of contrac for personal use permitted. Abo education and instruction in rh by RC Church.
Netherlands	13,194,000	18.8	8.4	1.2	Government provides services f by the health insurance scheme assistance and grants to IPPF. F member 1952. Has about 60 cli 1971. Abortion legal on medica sex education.
Norway	3,905,000	16.9	9.9	0.8	Government provides servic es t assistance to FPA, to populatio and to IPPF. FPA founded 196 available. Abortion legal on soc in school curricula.
Poland	32,749,000	17.2	8.2	0.8	Government provides services t FPA founded 1957, IPPF mem throughout the country. Abort education in many schools.

[1] Provisional census result

57

ates (per 1,000) *irths* (1971)	*Deaths*	*Population Growth Rate (%) (1963–71)*	*Family Planning Situation*
2.8	10.6	0.5	FPA founded in 1969, runs 2 centres in Dublin. Sale and import for sale of contraceptives illegal. Abortion is not permitted on any grounds. Assistance from IPPF.
6.8	9.6	0.8	Federated FPA founded 1968, IPPF member 1969. Has 8 advisory centres. All methods are available. Anti-contraceptive laws repealed in March 1971. Since then an fp clinic was opened in University of Rome. Abortion illegal except on serious medical indications. Sex education courses sponsored by Ministry of Education. FPA produces literature on sex education. Assistance from IPPF.
3.0	12.9	0.6	Government support to FPA, founded in 1965, IPPF member 1967. Advice on all methods available in FPA centres. Abortion legal on limited medical grounds. FPA gives increased importance to sex education.
6.3 (1970)	9.4	–0.1	No FPA. Advertising of contraceptives prohibited but import for personal use permitted. Abortion illegal. Family life education and instruction in rhythm method organised by RC Church.
8.8	8.4	1.2	Government provides services free-of-charge to people covered by the health insurance scheme and gives international assistance and grants to IPPF. FPA founded 1881, IPPF member 1952. Has about 60 clinics, with 152,400 visits in 1971. Abortion legal on medical grounds only. FPA emphasizes sex education.
6.9	9.9	0.8	Government provides services through health network and gives assistance to FPA, to population programmes of other countries and to IPPF. FPA founded 1969, IPPF member 1970. All methods available. Abortion legal on socio-medical grounds. Sex education in school curricula.
7.2	8.2	0.8	Government provides services through public health network. FPA founded 1957, IPPF member 1959. Over 3,000 fp centres throughout the country. Abortion legal on social grounds. Sex education in many schools.

result

EUROPE

Country	*Population (1971 estimate)*	*Rates (per 1,000) Births (1971)*	*Deaths (1971)*	*Population Growth Rate (%) (1963–71)*	*Family*
Portugal	8,668,267[1] (1970)	18.0 (1970)	9.7	0.9 (1963–70)	Government supports FPA, All methods available from University Hospitals in Lisb IPPF.
Romania	20,470,000	21.1 (1970)	9.5	1.1	No organized fp activities b hospitals. Sale of contracep medical grounds or for wom
Spain	33,956,376[1] (1970)	19.6 (1970)	8.5	1.1	No organized fp activities b to a limited extent in hospi abortion illegal. Assistance
Sweden	8,105,000	14.1	10.2	0.8	Government provides servic and gives assistance to FPA other countries and IPPF. F 1952; runs 3 clinics. All me socio-medical grounds. Con
Switzerland	6,345,000	15.2	9.2	1.2	Fp integrated with health s Public Health Department FPA founded 1971, IPPF m available in some Cantons. grounds. Sex education inc cantons.
United Kingdom	55,348,957[1]	16.2	11.6	0.4	Government to take over c Government assistance to p countries and IPPF and sup member 1952). FPA has ov country with 805,642 clien orals most popular. Abortio Increasing importance give Office and the Europe Reg
Yugoslavia	20,504,216[1]	18.2	8.7	1.0	Government provides servi the country. FPA founded methods available. Abortio Some activities in sex educ

[1] Provisional census result

Rates (per 1,000) Births (1971)	Deaths (1971)	Population Growth Rate (%) (1963–71)	Family Planning Situation
18.0	9.7 (1970)	0.9 (1963–70)	Government supports FPA, founded 1967. IPPF member 1971. All methods available from FPA centres and at Maternity and University Hospitals in Lisbon. Abortion illegal. Assistance from IPPF.
21.1	9.5 (1970)	1.1	No organized fp activities but fp services available at some hospitals. Sale of contraceptives and abortion illegal except on medical grounds or for women with more than four children.
19.6	8.5 (1970)	1.1	No organized fp activities but fp services available privately and to a limited extent in hospitals. Sale of contraceptives and abortion illegal. Assistance from IPPF.
14.1	10.2	0.8	Government provides services through public health network and gives assistance to FPA, to population programmes of other countries and IPPF. FPA founded in 1934, IPPF member 1952; runs 3 clinics. All methods available. Abortion legal on socio-medical grounds. Compulsory sex education in schools.
15.2	9.2	1.2	Fp integrated with health service in Canton de Vaud and the Public Health Department was a member of IPPF until 1967. FPA founded 1971, IPPF member the same year. Advice available in some Cantons. Abortion legal on broad medical grounds. Sex education included in school curricula in some cantons.
16.2	11.6	0.4	Government to take over clinical services from 1974. Government assistance to population programmes of other countries and IPPF and support to FPA (founded 1930, IPPF member 1952). FPA has over 1,000 clinics throughout the country with 805,642 clients in 1972. All methods available, orals most popular. Abortion legal on socio-medical grounds. Increasing importance given to sex education. IPPF Central Office and the Europe Regional Office in London.
18.2	8.7	1.0	Government provides services at 500 health units throughout the country. FPA founded 1966, IPPF member 1967. All methods available. Abortion legal on socio-medical grounds. Some activities in sex education.

l census result

Oceania

Population	1960	15,800,000
Population	1971	19,800,000
Population Growth Rate	1965–71	2.0%
Birth Rate	1965–71	25 per 1,000
Death Rate	1965–71	10 per 1,000

The impact of population growth has begun to be felt in Oceania. Apart from Australia and New Zealand, the other countries in this region have recently embarked on programmes leading towards the process of economic development. These countries have come to recognize increasing population, either from rapid immigration or high birth rate, as an impediment.

Six countries in the region have voluntary family planning organizations. Three governments are committed to a national policy of family planning and a further two provide contraceptive services within the Maternal and Child Health Clinics. Some countries like Western Samoa have recently included a reduced birth rate as one of the aims of their National Development Plan. The success of family planning is seen in Fiji, where a decline in the birth rate has been experienced.

In Australia and New Zealand, voluntary associations provide clinical facilities. The governments are increasing their support for family planning and giving grants to national and international programmes.

OCEANIA

Country	*Population (1971 estimate)*	*Rates (per 1,000) Births (1965–70)*	*Deaths (1965–70)*	*Population Growth Rate (%) (1963–71)*	*Family*
Australia	12,728,461[1]	21.7 (1971)	8.7	1.9	Government support to fp a 1926, IPPF member 1953. I part. 17 FPA clinics. Service capita use of orals highest in sales tax on orals. Abortion also laws on vasectomy libe programme. Small assistanc
Fiji	535,357[1]	30.0[2] (1971)	5.9[2]	2.1[1] (1971)	GOVERNMENT PROGRA 1963, IPPF member 1967. provide services. 27,582 use popular. Birth rate decrease 1,000 in 1971. FPA urging Assistance from IPPF, Oxfa and USAID.
Gilbert and Ellice Islands	57,000	23.8 (1965)	7.4	2.0	Government developing fp founded in 1969. Women's services via hospitals. Nurse stationed in the Outer Islan from WHO to improve MCH
New Zealand	2,862,631[3]	22.1 (1970)	8.8	1.5	Government assistance to fp 1935, IPPF member 1955. 1972. 40% of eligible wome particularly orals, from priv increased in 1972. Family li secondary school curricula levels. Small assistance from
Papua and New Guinea	692,790	43.8	20.7	2.5	GOVERNMENT PROGRA on IUDs. Target 11,000 ins period. Australia provides a
Tahiti	119,168[3]	45.7 (1968)	9.1	4.2	Two voluntary FPAs – one in 1969.

[1] Provisional census result
[2] Local estimate
[3] Census result

Rates (per 1,000) Births (1965–70)	*Deaths*	*Population Growth Rate (%) (1963–71)*	*Family Planning Situation*
21.7	8.7 (1971)	1.9	Government support to fp and grant to IPPF. FPA founded in 1926, IPPF member 1953. Many local organizations take active part. 17 FPA clinics. Services widely available privately. Per capita use of orals highest in the world. Government has removed sales tax on orals. Abortion liberalized in South Australia in 1970, also laws on vasectomy liberalized. Developing sex education programme. Small assistance from IPPF.
30.0[2]	5.9[2] (1971)	2.1[1] (1971)	GOVERNMENT PROGRAMME since 1962. FPA founded in 1963, IPPF member 1967. All MCH clinics and mobile clinics provide services. 27,582 users in 1972, pills and IUDs most popular. Birth rate decreased from 40.9/1,000 in 1961 to 30/1,000 in 1971. FPA urging sex education programme. Assistance from IPPF, Oxfam, Population Council, UKODA and USAID.
23.8	7.4 (1965)	2.0	Government developing fp services as part of MCH. FPA founded in 1969. Women's club does voluntary work. Fp services via hospitals. Nurses trained in IUD techniques are stationed in the Outer Islands. Assistance from UKODA and from WHO to improve MCH facilities.
22.1	8.8 (1970)	1.5	Government assistance to fp and grant to IPPF. FPA founded 1935, IPPF member 1955. 19 clinics with 8,375 acceptors in 1972. 40% of eligible women use effective contraception, particularly orals, from private doctors. Demand for sterilisation increased in 1972. Family life education included in most secondary school curricula. Planning to extend this to other levels. Small assistance from IPPF.
43.8	20.7	2.5	GOVERNMENT PROGRAMME since 1968. No FPA. Emphasis on IUDs. Target 11,000 insertions annually over 10 year period. Australia provides assistance.
45.7	9.1 (1968)	4.2	Two voluntary FPAs – one founded in 1968 and the other in 1969.

census resul
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Country	Population (1971 estimate)	Rates (per 1,000) Births (1965–70)	Deaths (1965–70)	Population Growth Rate (%) (1963–71)	Family Plan
Tonga	90,000	20.8 (1970)	–	3.5	Government activities since 195 reduce rate of growth to 1%. FP and schools. Guidance from Fiji.
Western Samoa	143,547[1]	34.5 (1970)	9.0[2]	2.2	GOVERNMENT PROGRAMME of health service. Aim is to redu 1976–1991. Women's organizat Technical and financial assistanc IPPF South East Asia and Ocean the Pacific based in Western San

[1] Provisional census result
[2] US Bureau of Census estimate

Rates (per 1,000) Births	*Deaths (1965–70)*	*Population Growth Rate (%) (1963–71)*	*Family Planning Situation*
20.8 (1970)	–	3.5	Government activities since 1958. FPA founded 1969. Aim to reduce rate of growth to 1%. FPA sex education plan for villages and schools. Guidance from Fiji. Assistance from WHO.
34.5 (1970)	9.0[2]	2.2	GOVERNMENT PROGRAMME 1971. Fp to be a major activity of health service. Aim is to reduce fertility rate by 33% during 1976–1991. Women's organization to play a vital role. Technical and financial assistance from UNFPA and WHO. IPPF South East Asia and Oceania Medical Administrator for the Pacific based in Western Samoa.

ensus result
Census estimate

The International Planned Parenthood Federation

The International Planned Parenthood Federation is a non-profit international organization of family planning associations in 79 countries, dedicated to the belief that knowledge of family planning is a basic human right and that a balance between the world's population and its natural resources and productivity is a necessary condition of human happiness, prosperity and peace.

The IPPF stimulates the formation of family planning associations in all countries of the world and provides them with financial support, technical assistance and advisory services in the medical, educational, training and administrative aspects of their work. IPPF-supported associations offer contraceptive services, recruit and train staff and seek to inform and educate all sectors of the population about the practice of family planning and the urgency of reducing population growth rates for the future welfare of the individual and the social and economic development of the country. The IPPF assists associations to bring about a climate of public support in each country which will lead to a sound population policy and the provision of nationwide government family planning services. When this is achieved the association usually retains broad responsibilities for education and training and for ensuring community support for the programme, often carrying out pilot projects to seek solutions to special problems and using its independent status to pioneer new methods and approaches.

The International Planned Parenthood Federation is financed by voluntary contributions from private citizens and foundations all over the world, and by grants from governments. A gross budget of $31.7 million (including the local income of grant-receiving organizations) has been established to carry out the international programme of assistance for 1973. To meet this need fund-raising campaigns have been established in several countries and associations are being assisted to seek local, private and government support for their work. Sweden made the first official grant to the IPPF in 1965, followed closely by Britain and the United States. Canada, Denmark, the Federal Republic of Germany, Finland, Japan, New Zealand and Norway are also financing the IPPF programme as part of their official development assistance programmes. The United Nations Fund for Population Activities also contributes to the general budget.